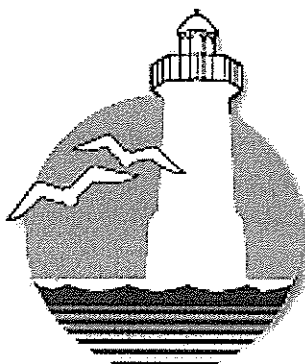


FOND DU LAC COUNTY

For Ensuring Access and Equal Opportunity in
Service Delivery and Employment
By Recipients of Federal and State
Funded Programs/Services/Activities



CIVIL RIGHTS COMPLIANCE PLAN

January 1, 2010 to December 31, 2013

**Prepared by
Fond du Lac County
Human Resources Dept**

CIVIL RIGHTS COMPLIANCE LETTER OF ASSURANCE

Children and Families
DCF-F-154-E

Health Services
F-00165

Workforce Development
DETS-16705-E

(For the Civil Rights Compliance Period from January 1, 2010 to December 31, 2013)

As a condition of funding under this contract(s), (FOND DU LAC COUNTY,

A. Service Delivery: Services will be provided without discrimination in compliance with the following laws, guidance and regulations; however, there are other statutes that apply to recipients of specific federal program such as specific grant-related civil rights statutes that may also apply:

- Title VI of the Civil Rights Act of 1964, HHS 45 CFR Part 80 Regulations
- Section 504 of the Rehabilitation Act of 1973 - Nondiscrimination on the basis of disability in the provision of benefits or services or the conduct of programs or activities. This includes the prohibition of employment discrimination by Recipients of Federal financial assistance from US DHHS
- Age Discrimination Act of 1975, as amended 45 CFR Part 90
- Discrimination on the Basis of Age in Programs or Activities Receiving Federal Financial Assistance From HHS 45 CFR Part 91
- Titles VI and XVI of the Public Health Service Act (42 U.S.C. 291 et. seq., and 42 U.S.C. 300s et. seq.)
- Section 542 of the Public Health Service Act, as amended, (42 U.S.C. 290dd-1) bars discrimination in admission or treatment against substance abusers suffering from medical conditions by Federally-assisted hospitals and outpatient facilities. The HHS regulation is 45 C.F.R. Section 84.53
- Education Amendments of 1972 - Title IX, as amended
- Titles II, of the Americans with Disabilities Act of 1990 as amended (42 U.S.C. 12131 et. seq.)
- The Civil Rights Act of 1991
- Statutory amendments made by the Civil Rights Restoration Act of 1987 (CRRA)
- Executive Order 13166 Limited English Proficiency Guidelines
- Omnibus Budget Reconciliation Act of 1981, and if applicable, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, (PRWORA)
- Section 1808(c) of the Small Business Job Protection Act of 1996 prohibits covered agencies and entities from discriminating on the basis of race, color and national origin in child placement decisions in adoption and foster care. The regulation is 42 U.S.C. § 1996b.
- Sections 794 and 855 of the Public Health Service Act, 42 U.S.C. 295m and 296g, prohibits discrimination on the basis of sex (gender) in Federally-Assisted Health Training Programs. The regulation is 45 C.F.R. Part 83
- Section 508 of the Social Security Act prohibits discrimination on the basis of age, race, color, national origin, disability, sex (gender), or religion in the Maternal and Child Health Service Block Grant 42 U.S.C. § 708

- Section 533 of the Public Health Service Act prohibits discrimination on the basis of age, race, color, national origin, disability, sex (gender), or religion in Projects for Assistance in Transition from Homelessness 42 U.S.C. § 290cc-33
- Section 1908 of the Public Health Service Act prohibits discrimination on the basis of age, race, color, national origin, disability, sex (gender), or religion in programs, services, and activities funded by Preventative Health and Health Services Block Grants 42 U.S.C. § 300w-7
- Section 1947 of the Public Health Service Act prohibits discrimination on the basis of age, race, color, national origin, disability, sex (gender), or religion in programs and activities funded by Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grants 42 U.S.C. § 300x-57
- The Family Violence Prevention and Services Act prohibits discrimination on the basis of age, race, color, national origin, disability, sex (gender), or religion in programs and activities funded under this Act 42 U.S.C. § 10406
- The Community Services Block Grant Act prohibits discrimination on the basis of race, color, national origin, or sex (gender) in programs and activities funded under this Act 42 U.S.C. § 9918
- Food Stamp Act of 1977, as amended, 7 U.S.C. s.2011-2036. 7 CFR Parts 271-285
- Section 17 of the Child Nutrition Act of 1966, as amended, 7 CFR Part 246 Special Supplemental Nutrition Program for Women, Infants and Children
- Part 251 - The Emergency Food Assistance Act of 1983 (Public Law 98-8), as amended, 7 CFR Part 250 and 251, SDA Regulations 7 CFR Part 16, Equal Opportunity for Religious Organizations
- Title VII of the Civil Rights Act of 1964
- Title I of the American with Disability Act of 1990
- Age Discrimination in Employment Act of 1967
- Equal Pay Act of 1963, as amended
- Executive Order 11246, as amended
- Fair Employment Law Sections 111.31-111.395 of the Wisconsin Statutes
- Employee Relations, Chapter 230

No otherwise qualified person, shall be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination in any manner on the basis of age, race, color, national origin, sex, disability, or having an association with a person with a disability. In addition, no qualified person will be denied FoodShare participation based on his/her religious belief or political affiliation.

The Recipient will:

1. Train staff on the CRC laws, and take affirmative step to increase the staff's cultural awareness skills to insure equal access and equal opportunity to programs, services, and activities when working with persons with disabilities and participants/consumers from other cultures. Primary recipients and sub-recipients administering USDA-FNS funded programs and services must provide on an annual basis CRC training to all frontline staff who interact with program applicants or participants, supervisors and administrators. Non USDA-FNS funded recipients must provide CRC training to all staff at a minimum once every three years
2. Provide accessible programs, facilities and reasonable accommodations to service participants/ customers with disabilities in compliance with Title II and Title III of the American with Disabilities (ADA) of 1990 as amended and Section 504 of the Rehabilitation Act of 1973.
3. Upon request, provide an American Sign Language (ASL) interpreter or a nationally certified or Wisconsin Interpreting and Transliterating Assessment (WITA)-verified sign language interpreter to assist deaf and hard-of-hearing applicants. Provide other options for effective communication (e.g., TTY, or other appropriate technology) for deaf and hard-of-hearing clients who do not use ASL.
4. Provide an oral interpreter for an applicant/participant with limited English proficiency (LEP) to ensure meaningful participation in the organization's programs and services.
5. Provide LEP applicants/participants with written notice of their right to receive oral interpretation in their primary language free of charge.
6. Provide translation of vital documents for each eligible LEP group that constitutes at least 5% or 1,000 individuals, whichever is less, of the population eligible to be served or likely to be encountered in the recipient's service area.
7. Establish an appeal or complaint process that shall be posted in conspicuous places available to applicants/clients of services.

B. Employment Conditions: Employment discrimination is prohibited by Title VII of the Civil Rights Act of 1964, Title I of the ADA of 1990 as amended, Section 504 of the Rehabilitation Act of 1973, Age Discrimination in Employment Act of 1976, Ch. 111.31 to 111.395 (Wis. Fair Employment Act), Wisconsin Statutes, Chapter 230, Wisconsin Contract Compliance Law, Chapters 16.765 and 51.01(5), Wis. Stats., Executive Order 11246, as amended, and other laws requiring nondiscrimination in employment. Title VI of the Civil Rights Act of 1964 statutorily restricts claims of employment discrimination to instances where the "primary objective" of the financial assistance is to provide employment; however, a recipient's employment practices may be subject to Title VI when these practices negatively affect the delivery of services to ultimate beneficiaries. When employment discrimination by a recipient has a secondary effect on the ability of beneficiaries to meaningfully participate in and/or receive the benefits of a federally assisted program in a nondiscriminatory manner, these employment practices will come within the purview of Title VI.

No otherwise qualified person shall be excluded from employment, be denied the benefits of employment or otherwise be subjected to discrimination in employment in any manner or term of employment on the basis of, race, creed, color, national origin, ancestry, age, sex/gender, disability, arrest and conviction record, sexual orientation, marital status, and membership in the military reserve. State law prohibits unfair honesty and genetic testing, discrimination due to filing a complaint or because of the use or nonuse of lawful products outside the workplace during nonworking hours. All employees, especially supervisors and managers, are expected to support goals and programmatic activities relating to nondiscrimination in employment.

The DCF, DHS and DWD are aware of, and respect tribal rights in the area of employment that includes "Indian Preference" that exempts the tribes from compliance with specific employment civil rights laws. The DCF, DHS and DWD will work in a government-to-government relationship through

"Consultation and Coordination" with Wisconsin Indian Tribal Governments when an employment discrimination complaint is filed against a funded Indian Tribe.

The Recipient will:

1. Fairly and consistently administer policies and procedures that relate to federal and state laws for equal employment opportunity.
2. Establish policies and processes that eliminate bias and assure Equal Opportunity for all employment actions, i.e., hiring and selection up to voluntary or involuntary termination.

To assist in complying with all applicable Civil Rights Compliance rules, regulations and guidelines, I have appointed as Equal Opportunity Coordinator:

Name of Equal Opportunity Coordinator Michael J. Marx	Title HR Director
Telephone Number (920) 929-3134	Email Address michael.marx@fdlco.wi.gov

To assist in complying with all applicable Limited English Proficiency rules, regulations and guidelines, I have appointed as the Limited English Proficiency Coordinator:

LEP Coordinator Name Kim Mooney	LEP Coordinator Title Director of Social Services
Telephone Number (920) 929-3433	Email Address kim.mooney@fdlco.wi.gov


The FOND DU LAC COUNTY agrees to comply with civil rights monitoring reviews, including the examination of records and relevant files maintained by the agency, as well as interviews with staff, clients, applicants for services, subcontractors, and referral agencies.

The FOND DU LAC COUNTY) agrees to cooperate with DCF, DHS, and DWD in developing, implementing, and monitoring corrective action plans that result from complaint investigations or other monitoring efforts.

The FOND DU LAC COUNTY agrees to implement the requirements of the CRC Letter of Assurance.
The FOND DU LAC COUNTY) agrees to conduct an annual self assessment as required below.

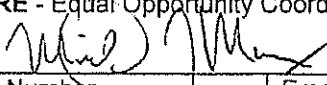
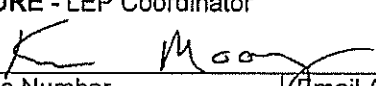
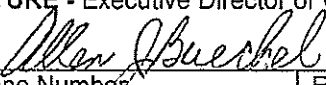
- Self-Assessment Requirement – Primary recipients and sub-recipients are expected to annually conduct a self assessment of policies and practices to ensure civil rights and EO compliance. In the event of a monitoring visit by the funding agency, we will likely request a copy of your most recent self assessment.


SIGNATURE - Executive Director or CEO


Date Signed

APPENDIX A RECIPIENT CONTACT INFORMATION AND SIGNATURE PAGE

Use this Form for both the CRC LOA and CRC Plan.

Name of Primary Recipient/Direct Vendor Fond du Lac County		
Street Address 160 S. Macy Street		
City Fond du Lac	State WI	Zip Code 54935
Name of Equal Opportunity Coordinator Michael J. Marx		
SIGNATURE - Equal Opportunity Coordinator 		Date Signed 12/17/2009
Telephone Number (920) 929-3134	Email Address michael.marx@fdlco.wi.gov	
Name of Limited English Proficiency (LEP) Coordinator Kim Mooney		
SIGNATURE - LEP Coordinator 		Date Signed 12-18-09
Telephone Number (920) 929-3433	Email Address kim.mooney@fdlco.wi.gov	
Name of Executive Director or Chief Executive Officer (CEO) Allen J. Buechel		
SIGNATURE - Executive Director or CEO 		Date Signed 12/17/09
Telephone Number (920) 929-3155	Email Address allen.buechel@fdlco.wi.gov	

Notes:

- Be sure to show the names in print and have the form signed where indicated.
- **Important:** Please provide e-mail addresses, as we may communicate policy updates and other program information to the recipient, via e-mail.

Instructions for completing Recipient Contact Information and Signature Page

- Fill in all the blanks on this form.
- Identify the name and address of the primary recipient, sub-recipient or vendor receiving federal or state financial assistance responsible for this CRC LOA document and the CRC Plan.
- All primary recipients, sub-recipients or vendors must designate and identify an Equal Opportunity Coordinator and a Limited English Proficiency (LEP) Coordinator.
- The Executive Director, President, or Chief Executive Officer's contact information must appear as listed in your contract.

APPENDIX B

FUNDING RELATIONSHIP TO DHS / DCF / DWD AND/OR ANOTHER ENTITY

- ✓ Completing this funding relationship section will assist each Office of Civil Rights to determine who the primary recipients, sub-recipients and vendors are and their funding relationship(s) with DCF, DHS or DWD.
- ✓ Primary recipients, sub-recipients and vendors often receive multiple contracts from the three Departments.
- ✓ Clarifying the multiple funding streams will help the State to identify mutually funded recipients as well as to determine jurisdictional authority, oversight and coordination between the Departments.

Please check as many as applicable

If you receive funding from more than one state department, submit your CRC LOA to the department that provides the largest amount of funds.		Contract or Program Name	Contract Amount (\$)
Our agency/entity has a direct contract, direct grant, funding agreement or purchase order (PO) with DCF	DCF <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1. Block Grant Temp Asst for needy families	249600
		2. Food stamps	562032
		3. W-2 emergency asst	31741
Our agency/entity has a direct contract, direct grant funding agreement or purchase order (PO), with DHS	DHS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1. Dept Social Services direct state funded	1271663
		2. County Nurse direct funding	80850
		3. Kinship Care	183158
Our agency/entity has a direct contract, direct grant, funding agreement, or purchase order (PO), with DWD	DWD <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1.	
		2.	
		3.	

Note: If you have more than 3 contracts add a copy as an attachment.

Instructions for Completing: Funding Relationship to the DCF, the DHS or the DWD

Fill in all the blanks on the above form

Single Funded Recipient

If you answered "Yes" to **only one** of the three possible funding options above, the LOA should be submitted to the state agency that was selected.

Mutually Funded Recipient

If you answered "Yes" to **more than one** of the state agencies above, you are considered a Mutually Funded Recipient. You should submit your CRC LOA to the state agency that provides the largest amount of funds.

If you answered "Yes" to **any of the three** state agencies **and** your agency/entity also has a subcontract with a primary recipient of that state agency, you are also considered a Mutually Funded Recipient. You should submit your CRC LOA to the state agency, not the primary recipients.

APPENDIX B CONTINUED
FUNDING RELATIONSHIP TO DHF/DCF/DWD ABD/OR OTHER ENTITY

DCF	PROGRAM NAME	FUNDS
	1. TANF	\$301,458
	2. Child Care and Development Fund	\$106,215
	3. State Children's Insurance Fund	\$115,593
	4. Child Support Enforcement	\$1,192,302
	5. IMAA State allocation	\$462,714
	6. Block Grant TANF	\$260,494
 DHS	 1. WIC	 \$312,307
	2. Indoor Radon Grant	\$11,464
	3. Grant for infants/toddlers w/ Disabilities	\$109,068
	4. Department of Community Programs misc.	\$1,558,287
	5. Medical Assistance	\$972,634
	6. Foster Care Independent Living	\$37,944
	7. Child Welfare Grants	\$36,767
	8. Bioterrorism	\$196,243
	9. Immunization	\$48,882
	10. Maternal/Child Health Svcs Block Grant	\$33,966
	11. Dept. Community Programs	\$1,670,870
	CLTS	
	Children w/ disabilities	
	Reimbursement local Govt	
	Block Grant Substance Abuse	
	12. TANF	\$117,074
	13. Foster Care Title IV	\$342,078
	14. Social Services Block Grant	\$236,983
	15. ADRC	\$683,274
	16. Community Options Programs	\$596,233
	17. County Nurse misc	\$70,500
	18. Alzheimer's Support	\$20,583
	19. Title III nutrition/meal grant	\$117,913

APPENDIX C FUNDED PROGRAMS CHECKLIST

- ✓ Completing this Section will allow DCF, DHS or DWD to identify the types of program(s), contract(s) or grant(s) that the primary recipients, sub-recipients, mutually funded recipients or vendors are administering.
- ✓ The checklist is not an exhaustive list that identifies every possible grant program, contract, or agreement. For programs or funding sources not identified in the checklist, enter the name of the program, grant, or agreement in the section titled "Other specify."

Check the type of program or funding applicable to your contract(s).

USE this checklist for Department of Children and Families (DCF)

Check all the funded programs/services/activities administered with grants/contracts or other agreements received from Department of Children and Families (DCF)

<input checked="" type="checkbox"/> Wisconsin Works (W-2) <input type="checkbox"/> Adoption <input checked="" type="checkbox"/> Child Support <input type="checkbox"/> Child Care Program & Licensing <input type="checkbox"/> Children Residential Programs – Licensing <input type="checkbox"/> Child Placing Agencies- Licensing <input type="checkbox"/> Child Care Certification <input type="checkbox"/> Quality Child Care Initiative <input checked="" type="checkbox"/> Child Abuse and Neglect (Child Protective Services) <input type="checkbox"/> Interstate Compact on the Placement of Children <input type="checkbox"/> Milwaukee Child Welfare Program <input type="checkbox"/> Immigrant Integration – Social Services <input type="checkbox"/> Immigrant Integration – Older Refugee <input type="checkbox"/> Immigrant Integration – Preventative Health <input type="checkbox"/> Immigrant Integration – Health Services <input checked="" type="checkbox"/> Refugee Cash and Medical Assistance	<input checked="" type="checkbox"/> Promoting Safe and Stable Families <input type="checkbox"/> Adoption Assistance Program <input checked="" type="checkbox"/> Foster Care <input checked="" type="checkbox"/> Kinship Care <input type="checkbox"/> Child Welfare Licensing <input type="checkbox"/> Indian Child Welfare <input type="checkbox"/> Domestic Violence/Domestic Abuse Programs <input checked="" type="checkbox"/> Independent Living <input type="checkbox"/> Paternal Interest Registry <input checked="" type="checkbox"/> Other (specify): Birth to 3 <div style="text-align: center;">Family Support Program</div> <input type="checkbox"/> Other (specify): <input type="checkbox"/> Immigrant Integration – Targeted Assistance, Employment & Training Program (TAP) <input type="checkbox"/> Immigrant Integration – Targeted Assistance, Employment & Training Program (TAP) Grant Milwaukee (TAG) Formula <input type="checkbox"/> Immigrant Integration – Mental Health <input checked="" type="checkbox"/> TANF-GPR : <input checked="" type="checkbox"/> Other (specify): CLTS
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USE this checklist for Department of Health Services (DHS)

Please check all the funded programs/services/activities administered with grant/contract or other agreements received from Department of Health Services (DHS):

<input checked="" type="checkbox"/> AIDS/HIV	<input checked="" type="checkbox"/> Oral Health
<input type="checkbox"/> Ambulance Services	<input checked="" type="checkbox"/> Public Health Preparedness
<input type="checkbox"/> Asbestos Certification	<input type="checkbox"/> Sexually Transmitted Diseases Program
<input type="checkbox"/> Cancer-Comprehensive/Cancer Control Plan	<input type="checkbox"/> State Public Health Plan
<input type="checkbox"/> Cardiovascular Health	<input checked="" type="checkbox"/> Tobacco Control Programs
<input checked="" type="checkbox"/> Children With Special Health Care Needs	<input type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Refugee Health
<input checked="" type="checkbox"/> Childhood Lead Poisoning Prevention	<input type="checkbox"/> Well Women Programs
<input type="checkbox"/> Sexual Assault	<input type="checkbox"/> West Nile Virus
<input type="checkbox"/> Diabetes Prevention and Control Program	<input checked="" type="checkbox"/> Women, Infants and Children (WIC)
<input type="checkbox"/> Emergency Medical Services for Children	<input type="checkbox"/> Office for the Blind and Visually Impaired
<input type="checkbox"/> Emergency Medical Services and Injury Prevention	<input type="checkbox"/> Office on Aging
<input type="checkbox"/> Environmental Health	<input type="checkbox"/> Office of Independence and Employment
<input checked="" type="checkbox"/> Family & Community Health	<input type="checkbox"/> Physical Disabilities Resources Coordinator
<input type="checkbox"/> Health Statistics	<input type="checkbox"/> WisTech Assistive Technology Program
<input checked="" type="checkbox"/> Immunizations	<input type="checkbox"/> Resource Center Development
<input type="checkbox"/> Injury Prevention	<input type="checkbox"/> Family Care
<input checked="" type="checkbox"/> Maternal and Child Health	<input type="checkbox"/> Pace/Wisconsin Partnership Program
<input type="checkbox"/> Minority Health	<input checked="" type="checkbox"/> Aging and Disability Resource Centers
<input type="checkbox"/> Nutrition and Physical Activity	<input checked="" type="checkbox"/> AODA- Comprehensive Community Services
<input checked="" type="checkbox"/> Mental Health - Comprehensive Community Services (CCS)	<input type="checkbox"/> Strategic Prevention Framework- State Incentive Grant (SPF-SIG)
<input type="checkbox"/> Community Support Programs (CSP)	<input checked="" type="checkbox"/> Substance Abuse Prevention Services Information System (SAPSIS)
<input checked="" type="checkbox"/> Integrated Service Project (CST-ISP)	<input type="checkbox"/> Intoxicated Drive Program (IDP)
<input type="checkbox"/> Disability Determination (SSI/SSDI)	<input type="checkbox"/> Narcotic Treatment Services
<input type="checkbox"/> Developmental Disability	<input type="checkbox"/> Strengthening Treatment Access & Retention
<input checked="" type="checkbox"/> Medicaid – HMO	<input type="checkbox"/> Wisconsin UPC
<input checked="" type="checkbox"/> BadgerCare,	<input type="checkbox"/> Women Program
<input type="checkbox"/> SeniorCare,	<input type="checkbox"/> Temporary Emergency Food Assistance Program (TEFAP).
<input checked="" type="checkbox"/> BadgerCare-Plus	<input checked="" type="checkbox"/> FoodShare Program
<input checked="" type="checkbox"/> Medicaid Fee for Services	<input checked="" type="checkbox"/> Food Stamp Employment and Training (FSET)
<input type="checkbox"/> Office for the Deaf and Hard of Hearing	<input checked="" type="checkbox"/> Other (specify): Urban Rural Womens AODA AODA Juvenile Justice Program Mental Health Block Grant / AODA Block Grant

USE this checklist for Department Workforce Development (DWD)

Please check all funded programs/services/activities administered with grants/contracts or other agreements received from Department of Workforce Development (DWD):

☐ Other (specify):

☐ Other (specify):

Note: The Checklist is not an exhaustive list of programs funded through the DCF, DHS or DWD with US DHHS, and USDA-FNS, grants, for programs, services or activities. If the funded program, grant or service agreement is not listed, enter the name in the appropriate "Other (specify)" space to specify the type of program, grant or funding agreement administered by the agency/entity.

B. CIVIL RIGHTS COMPLIANCE PLAN TEMPLATE

Children and Families
DCF-F-154-E

Health Services
F-00164

Workforce Development
DETS-16706-E

1. Recipient Contact Information and Signature Page APPENDIX A

The same Recipient Contact Information and Signature Page previously completed for the CRC LOA should be used for this CRC Plan.

2. Funding Relationship to DCF, DHS or DWD APPENDIX B

The same Funding Relationship to DCF, DHS or DWD form previously completed for the CRC LOA should be used for this CRC Plan.

3. Funded Programs Checklist APPENDIX C

The Same Funded Programs Checklist previously completed for the CRC LOA should be used for this CRC Plan.

4. Data Collection

Recipients and sub-recipients must have a data collection system or method for reporting customer population data. This is a mandatory requirement of every recipient. Although funded recipients are not expected to submit the data with the CRC Letter of Assurance, the information will be requested and reviewed if a desk audit is conducted or during an on-site-monitoring compliance visits.

Employment: 1. Our agency has a data collection system to record how many employees in our agency have disabilities. The system updates the data every 1 year. The data collection process is in compliance with ADA requirements for confidentiality.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Our agency has a system that records the race, ethnicity and gender of our employees and applicants applying for employment.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Service Delivery: 3. Our agency has a system that records the race, ethnicity, sex/gender and disabilities status of: <ul style="list-style-type: none">Participants (Self-identification by the applicant, participant is the preferred method of obtaining characteristic data)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none">Number of potentially eligible or likely to be eligible participants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none">Number of eligible LEP participants in separate programs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none">Interpretation needs of LEP participants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none">Number of written translation of vital documents for LEP groups	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none">Number of sign language interpretation requests received from the deaf and hard of hearing participants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none">Other accommodation requests and needs from participants with disabilities	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<i>If you responded "No" to any of the above questions, you should be prepared to describe your plan for addressing these requirements, including target dates for completion of milestones, upon request.</i>	

Instructions for Completion of Data Collection Table

Each recipient shall keep customer data records to enable the contracting State agency to determine the recipient or sub recipient's compliance with equal opportunity in employment and service delivery. Recipients must collect and make available to the State agencies, racial, ethnic, gender, and disability data to illustrate the extent to which members of protected groups are beneficiaries of or participants in each federally and state assisted program. Primary recipients, sub-recipients and vendors are not required to submit the data information to DCF, DHS or DWD. The data collection requirement is needed for completing the Customer Service Population Analysis (CSPA) and LEP Customer Data Analysis (CDA) forms.

Co-authored by: Departments of Children and Families, Health Services; and Workforce Development

The data must be collected and retained on a program by program basis. The data should be kept as part of the CRC Plan requirements and will be reviewed if a desk audit or an on-site visit is conducted during a compliance review.

For recipient that extend federal or state financial assistance to another sub-recipient; the sub-recipient shall collect, retain and submit such data to the recipient that issued the contract, as may be necessary to enable the contracting recipient to carry out its civil rights compliance obligations. Recipients and sub-recipients must develop and maintain a data collection system to capture and report data in the following categories:

Race and ethnicity of participants

Recent changes in data collection requirements have resulted in a separation of data about ethnicity (i.e., Hispanic/Latino or not Hispanic/Latino) from data on race. In some cases, this will make comparisons difficult because older data collection systems included Hispanic/Latino as a racial group. Primary recipients and sub-recipients must have a system to report the race and ethnicity of its participants.

The ethnicity codes required by the federal Office of Management and Budget are:

- Hispanic/Latino;
- Not Hispanic/Latino.

The race codes required by the federal Office of Management and Budget are:

- | | |
|--|---|
| • African American or African; | • Other information that must be collected: |
| • American Indian or Alaska Native; | • Female |
| • Asian; | • Persons with Disabilities |
| • Native Hawaiian or other Pacific Islander; | • Primary Language |
| • White; and | • Accommodations |
| • More than one race | |

All recipients are required to have a data collection system that record:

- The number of eligible population likely to be encountered by programs in their service area.
- The number of oral interpretation requested by LEP participants and the number of LEP customers being served.
- A list of all vital documents that have been translated in written form for eligible LEP groups that meet the 5% or 1,000 population threshold. If written translations of vital documents are not provided, recipients and sub-recipients must document the method used to translate vital information as required by the US DHHS "Safe Harbor" guidelines.
- The number of sign language interpretation requests received from deaf and hard of hearing participants seeking services and those provided sign language interpreters.
- The number of accommodations request received and services provided to applicants and participants with disabilities.

5. Customer Service Population Data Analysis

Program Name(s): ADRC (Complete a separate table for each program or contract checked on the Funded Programs Checklist. If the eligible populations are the same for multiple programs identify programs on the line above.)

Category	Eligible Population Likely to be Encountered in Service Area		Eligible Population Served in Most Recent Calendar or Program Year			Difference	
	Number	Percent (%)	Number	One Year %			
*TOTAL eligible Population in service area	101275	100%		4975	100%		N/A
White, not of Hispanic origin	94103			4338			N/A
African American or African origin	750	Combined #: 7172	Combined #:7.1	64	Combined #: 637	Combined #: 12.8	+5.7%
American Indian or Alaska Native	367			6			
Asian	934			6			
Hispanic/Latino Regardless of age	3335			250			
Native Hawaiian or Other Pacific Islander	30			54			
More than 1 Race	1756			257			
Females	50859			2858			+7%
Persons with Disabilities	13088			134			

*The number in the first column (Total Eligible Population Likely to be Encountered in Service Area) should be used when completing the LEP customer service language access data table.

If difference is greater than a -2%, please state the reason(s) why your agency may not be providing service to potential eligible participants in the protected categories given above:

What can be tried to improve participation?

If denials for service (including IM negative decision, licensing activities) have been disproportionate within the last 24 months, please explain:

n/a

How many informal and formal discrimination complaints were filed within the last 24 months? Recipients must maintain a log that records at a minimum the date and name of complainants, the nature or type of complaints, the protected status of the complainant and a summary of the disposition of the complaint. A copy of the complaint log must be available for review if a desk audit is completed or at the time an on-site monitoring compliance review is conducted or upon request by the DCF, the DHS or DWD.

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Please comment on the **nature** of the discrimination complaints filed

n/a

Instructions for Completing Customer Service Population Data Analysis

As stated in the Instructions, the purpose of the CSPA is to determine if you are serving eligible participants in the protected categories in the same proportion they are represented in the total eligible population.

Step 1:

- **“Eligible Population Likely to be Encountered”** means the total number of individuals in the service area who may meet the eligibility requirements of a recipient's program(s), whether or not they are currently being served.
- **“Percent of Eligible Participants in Each Protected Category Likely to be encountered”** is computed by dividing the number of each category (combined race/ethnicity, females, and persons with disability) likely to be encountered by the total number of eligible population likely to be encountered in the service area.

Step 2:

- **“Eligible Population Served”** means the number of participants who are enrolled or registered in a program or service administered by a recipient. For purposes of reporting, use the number of participants within a one-year calendar period.
- **“Percent of Eligible Participants in Each Protected Category Served”** is computed by dividing each category (e.g., combined race/ethnicity, females, and persons with disabilities) served by the total number of eligible population served in the service area.

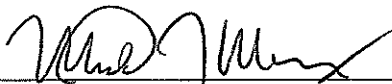
Summary for Customer Service Data Analysis

- Geographic Service Area: Fond du Lac County
- Data Source(s): FDL Dept of Community Programs
- Date Period: From: **1/1/2008** To: **12/31/2008**

This Customer Service Data Analysis was prepared by:

Michael Marx

Name - Preparer



SIGNATURE - Preparer

2/26/10

Date Signed

6. Limited English Proficiency (LEP) Data Analysis

As stated in the Instructions, the purpose of the analysis is for your agency to plan for the translation of vital documents to meet the "safe harbor" federal guidelines. The analysis is also useful to determine which language groups are present in your service area, the degree to which members of these language groups are being served and the steps being taken to improve language access to services and programs. Your agency is required to provide oral language interpreters to all customers who consider themselves as LEP and who present themselves to your agency on a walk-in or telephone basis. This analysis is intended to assist your agency with determining the size of each LEP group, the languages spoken in the service area and the methods your agency will use to ensure full and meaningful access to all of your programs and services. Oral language and translation of vital information/documents must be provided at no cost to the customer.

LEP Customer Data Analysis for Translation of Vital Documents

- **"Number of Eligible Population Likely to be Encountered in Service Area"** means the total number of individuals in the service area who may meet the eligibility requirements of the recipient's program(s), whether or not they are currently being served. These include eligible LEP participants. This numbers should reflect the numbers entered into the Customer Service Population Analysis column "Eligible Population Likely to be Encountered in the Service area for each program being analyzed.
- **"Number of Eligible LEP Population Likely to be Encountered in Service Area"** mean the total number of LEP participants currently served or those who meet the eligibility requirements of the recipient's program, whether or not they are currently being served.
- **"Percentage of Eligible LEP Population Served or Likely to be Encountered in Service Area"** is computed by dividing the number of eligible LEP population served or likely to be encountered by the number of the total eligible population served or likely to be encountered.
- **"LEP population served in the service area"** This data, while not required to determine translation or interpretation needs is useful in analyzing services provided to LEP populations.

We assure that we have completed the analyses for the ADRC programs administered by DCP agency.

Program Names: ADRC (Complete a separate table for each program or contract checked on the Funded Programs Checklist of the Plan.)

Note: From the CUSTOMER SERVICE POPULATION ANALYSIS data table (for this program): use the "total Eligible Population Likely to be Encountered in Service Area – number" here: Total Eligible Population Likely to be Encountered in Service Area (Number) (a) = N/A.

Eligible LEP Population Likely to be Encountered in Service Area (by Language)	Percent of Eligible LEP Likely to Be Encountered	LEP population Served in the Service Area	Written Translation of Vital Documents	Written Notice to Community of Oral Language Assistance and Translation of Vital Documents
Number (b)	Percent (c) $c = (b/a \times 100)$	Served (d)	Check Yes if eligible LEP pop. (column c) is 5% or column b is 1,000 or more	Check Yes if eligible LEP pop. Is less than 5% or Less than 1,000
Spanish: 3335	3.3	250	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Hmong: 406	0.4	n/a	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Russian: na		na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
BSC(*) : 21	0.02	na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Somali: 12	.01	na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Other: 31	.03	na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

(*) BSC = Bosnian/Serbian/Croatian

Summary for LEP Customer Data Analysis

- Service Area: Fond du Lac County
- Data Source(s): Fond du Lac County DCP
- Date from Previous 12 Months: From: **1/1/2008** To: **12/31/2008**

Please comment on the nature and resolution of LEP related discrimination complaints filed, both formal and informal:


n/a

This LEP Customer Data Analysis was prepared by:

Michael Marx

Name - Preparer


SIGNATURE - Preparer


Date Signed

Services to LEP Language Groups

Please check all that apply to your agency's service to the eligible language groups in your service area:

- a. ☒ Oral interpretation is provided upon request at no charge to the customer.
- b. ☐ We only hire qualified interpreters (certificate of completion from any recognized training providers, see definition on page 17).
- c. ☐ We routinely collect information regarding the LEP participant's preferred primary language to alert the agency of the need for a qualified interpreter. The language information per LEP patient is part of our database.

Written Translation:

- d. ☒ Our entity has identified and inventoried all vital documents for our programs or services and the inventory list is available for inspection.
- e. ☒ The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000; therefore, the entity will provide written translation of vital documents.
- f. ☒ There are fewer than 5% and less than 1,000 persons in a language group. Our agency will provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.

5. Customer Service Population Data Analysis

Program Name(s): Birth to three (Complete a separate table for each program or contract checked on the Funded Programs Checklist. If the eligible populations are the same for multiple programs identify programs on the line above.)

Category	Eligible Population Likely to be Encountered in Service Area		Eligible Population Served in Most Recent Calendar or Program Year			Difference	
	Number	Percent (%)	Number	One Year %			
*TOTAL eligible Population in service area	101275	100%		374	100%		N/A
White, not of Hispanic origin	94103			288			N/A
African American or African origin	750	Combined #: 7172	Combined #: 7.1	12	Combined #: 86	Combined #: 23	+16%
American Indian or Alaska Native	367			0			
Asian	934			6			
Hispanic/Latino Regardless of age	3335			33			
Native Hawaiian or Other Pacific Islander	30			1			
More than 1 Race	1756			34			
Females	50859			na			
Persons with Disabilities	13088			na			

*The number in the first column (Total Eligible Population Likely to be Encountered in Service Area) should be used when completing the LEP customer service language access data table.

If difference is greater than a -2%, please state the reason(s) why your agency may not be providing service to potential eligible participants in the protected categories given above:

What can be tried to improve participation?

If denials for service (including IM negative decision, licensing activities) have been disproportionate within the last 24 months, please explain:

n/a

How many informal and formal discrimination complaints were filed within the last 24 months? Recipients must maintain a log that records at a minimum the date and name of complainants, the nature or type of complaints, the protected status of the complainant and a summary of the disposition of the complaint. A copy of the complaint log must be available for review if a desk audit is completed or at the time an on-site monitoring compliance review is conducted or upon request by the DCF, the DHS or DWD.

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Please comment on the **nature** of the discrimination complaints filed
n/a

Instructions for Completing Customer Service Population Data Analysis

As stated in the Instructions, the purpose of the CSPA is to determine if you are serving eligible participants in the protected categories in the same proportion they are represented in the total eligible population.

Step 1:

- **"Eligible Population Likely to be Encountered"** means the total number of individuals in the service area who may meet the eligibility requirements of a recipient's program(s), whether or not they are currently being served.
- **"Percent of Eligible Participants in Each Protected Category Likely to be encountered"** is computed by dividing the number of each category (combined race/ethnicity, females, and persons with disability) likely to be encountered by the total number of eligible population likely to be encountered in the service area.

Step 2:

- **"Eligible Population Served"** means the number of participants who are enrolled or registered in a program or service administered by a recipient. For purposes of reporting, use the number of participants within a one-year calendar period.
- **"Percent of Eligible Participants in Each Protected Category Served"** is computed by dividing each category (e.g., combined race/ethnicity, females, and persons with disabilities) served by the total number of eligible population served in the service area.

Summary for Customer Service Data Analysis

- Geographic Service Area: Fond du Lac County
- Data Source(s): FDL Dept of Community Programs
- Date Period: From: 1/1/2009 To: 12/31/2009

This Customer Service Data Analysis was prepared by:

Michael Marx

Name - Preparer


SIGNATURE - Preparer

2/26/10

Date Signed

6. Limited English Proficiency (LEP) Data Analysis

As stated in the Instructions, the purpose of the analysis is for your agency to plan for the translation of vital documents to meet the "safe harbor" federal guidelines. The analysis is also useful to determine which language groups are present in your service area, the degree to which members of these language groups are being served and the steps being taken to improve language access to services and programs. Your agency is required to provide oral language interpreters to all customers who consider themselves as LEP and who present themselves to your agency on a walk-in or telephone basis. This analysis is intended to assist your agency with determining the size of each LEP group, the languages spoken in the service area and the methods your agency will use to ensure full and meaningful access to all of your programs and services. Oral language and translation of vital information/documents must be provided at no cost to the customer.

LEP Customer Data Analysis for Translation of Vital Documents

- **"Number of Eligible Population Likely to be Encountered in Service Area"** means the total number of individuals in the service area who may meet the eligibility requirements of the recipient's program(s), whether or not they are currently being served. These include eligible LEP participants. This numbers should reflect the numbers entered into the Customer Service Population Analysis column "Eligible Population Likely to be Encountered in the Service area for each program being analyzed.
- **"Number of Eligible LEP Population Likely to be Encountered in Service Area"** mean the total number of LEP participants currently served or those who meet the eligibility requirements of the recipient's program, whether or not they are currently being served.
- **"Percentage of Eligible LEP Population Served or Likely to be Encountered in Service Area"** is computed by dividing the number of eligible LEP population served or likely to be encountered by the number of the total eligible population served or likely to be encountered.
- **"LEP population served in the service area"** This data, while not required to determine translation or interpretation needs is useful in analyzing services provided to LEP populations.

We assure that we have completed the analyses for the Birth to Three programs administered by DCP agency.

Program Names: Birth to Three (Complete a separate table for each program or contract checked on the Funded Programs Checklist of the Plan.)

Note: From the CUSTOMER SERVICE POPULATION ANALYSIS data table (for this program): use the "total Eligible Population Likely to be Encountered in Service Area – number" here: Total Eligible Population Likely to be Encountered in Service Area (Number) (a) = N/A.

Eligible LEP Population Likely to be Encountered in Service Area (by Language)	Percent of Eligible LEP Likely to Be Encountered	LEP population Served in the Service Area	Written Translation of Vital Documents	Written Notice to Community of Oral Language Assistance and Translation of Vital Documents
Number (b)	Percent (c) $c = (b/a \times 100)$	Served (d)	Check Yes if eligible LEP pop. (column c) is 5% or column b is 1,000 or more	Check Yes if eligible LEP pop. Is less than 5% or Less than 1,000
Spanish: 3335	3.3	33	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Hmong: 406	0.4	2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Russian: na		na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
BSC(*) : 21	0.02	na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Somali: 12	.01	na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Other: 31	.03	na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

(*) BSC = Bosnian/Serbian/Croatian

Summary for LEP Customer Data Analysis

- Service Area: Fond du Lac County
- Data Source(s): Fond du Lac County DCP
- Date from Previous 12 Months: From: **1/1/2009** To: **12/31/2009**

Please comment on the nature and resolution of LEP related discrimination complaints filed, both formal and informal:

n/a

This LEP Customer Data Analysis was prepared by:

Michael Marx

Name - Preparer


SIGNATURE - Preparer

2/26/10
Date Signed

Services to LEP Language Groups

Please check all that apply to your agency's service to the eligible language groups in your service area:

- a. ☒ Oral interpretation is provided upon request at no charge to the customer.
- b. ☐ We only hire qualified interpreters (certificate of completion from any recognized training providers, see definition on page 17).
- c. ☐ We routinely collect information regarding the LEP participant's preferred primary language to alert the agency of the need for a qualified interpreter. The language information per LEP patient is part of our database.

Written Translation:

- d. ☒ Our entity has identified and inventoried all vital documents for our programs or services and the inventory list is available for inspection.
- e. ☒ The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000; therefore, the entity will provide written translation of vital documents.
- f. ☒ There are fewer than 5% and less than 1,000 persons in a language group. Our agency will provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.

5. Customer Service Population Data Analysis

Program Name(s): Child Abuse and Neglect (Complete a separate table for each program or contract checked on the Funded Programs Checklist. If the eligible populations are the same for multiple programs identify programs on the line above.)

Category	Eligible Population Likely to be Encountered in Service Area		Eligible Population Served in Most Recent Calendar or Program Year			Difference
	Number	Percent (%)	Number	One Year %		
*TOTAL eligible Population in service area	101275	100%	1716	100%		N/A
White, not of Hispanic origin	94103		1440			N/A
African American or African origin	750	Combined #: 7172	65	Combined #: 276	Combined #: 16.1	+9%
American Indian or Alaska Native	367		20			
Asian	934		14			
Hispanic/Latino Regardless of age	3335		156			
Native Hawaiian or Other Pacific Islander	30		0			
More than 1 Race	1756		21			
Females	50859		na			
Persons with Disabilities	13088		na			

*The number in the first column (Total Eligible Population Likely to be Encountered in Service Area) should be used when completing the LEP customer service language access data table.

If difference is greater than a -2%, please state the reason(s) why your agency may not be providing service to potential eligible participants in the protected categories given above:

Lower income families, which are made up of more minorities, experience more cases of child abuse.

What can be tried to improve participation?

If denials for service (including IM negative decision, licensing activities) have been disproportionate within the last 24 months, please explain:

n/a

How many informal and formal discrimination complaints were filed within the last 24 months? Recipients must maintain a log that records at a minimum the date and name of complainants, the nature or type of complaints, the protected status of the complainant and a summary of the disposition of the complaint. A copy of the complaint log must be available for review if a desk audit is completed or at the time an on-site monitoring compliance review is conducted or upon request by the DCF, the DHS or DWD.

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Please comment on the **nature** of the discrimination complaints filed
n/a

Instructions for Completing Customer Service Population Data Analysis

As stated in the Instructions, the purpose of the CSPA is to determine if you are serving eligible participants in the protected categories in the same proportion they are represented in the total eligible population.

Step 1:

- **"Eligible Population Likely to be Encountered"** means the total number of individuals in the service area who may meet the eligibility requirements of a recipient's program(s), whether or not they are currently being served.
- **"Percent of Eligible Participants in Each Protected Category Likely to be encountered"** is computed by dividing the number of each category (combined race/ethnicity, females, and persons with disability) likely to be encountered by the total number of eligible population likely to be encountered in the service area.

Step 2:

- **"Eligible Population Served"** means the number of participants who are enrolled or registered in a program or service administered by a recipient. For purposes of reporting, use the number of participants within a one-year calendar period.
- **"Percent of Eligible Participants in Each Protected Category Served"** is computed by dividing each category (e.g., combined race/ethnicity, females, and persons with disabilities) served by the total number of eligible population served in the service area.

Summary for Customer Service Data Analysis

- Geographic Service Area: Fond du Lac County
- Data Source(s): FDL Dept of Social Services
- Date Period: From: **1/1/2008** To: **12/31/2008**

This Customer Service Data Analysis was prepared by:

Michael Marx

Name - Preparer


SIGNATURE - Preparer

2/26/10

Date Signed

6. Limited English Proficiency (LEP) Data Analysis

As stated in the Instructions, the purpose of the analysis is for your agency to plan for the translation of vital documents to meet the "safe harbor" federal guidelines. The analysis is also useful to determine which language groups are present in your service area, the degree to which members of these language groups are being served and the steps being taken to improve language access to services and programs. Your agency is required to provide oral language interpreters to all customers who consider themselves as LEP and who present themselves to your agency on a walk-in or telephone basis. This analysis is intended to assist your agency with determining the size of each LEP group, the languages spoken in the service area and the methods your agency will use to ensure full and meaningful access to all of your programs and services. Oral language and translation of vital information/documents must be provided at no cost to the customer.

LEP Customer Data Analysis for Translation of Vital Documents

- **"Number of Eligible Population Likely to be Encountered in Service Area"** means the total number of individuals in the service area who may meet the eligibility requirements of the recipient's program(s), whether or not they are currently being served. These include eligible LEP participants. This numbers should reflect the numbers entered into the Customer Service Population Analysis column "Eligible Population Likely to be Encountered in the Service area for each program being analyzed.
- **"Number of Eligible LEP Population Likely to be Encountered in Service Area"** mean the total number of LEP participants currently served or those who meet the eligibility requirements of the recipient's program, whether or not they are currently being served.
- **"Percentage of Eligible LEP Population Served or Likely to be Encountered in Service Area"** is computed by dividing the number of eligible LEP population served or likely to be encountered by the number of the total eligible population served or likely to be encountered.
- **"LEP population served in the service area"** This data, while not required to determine translation or interpretation needs is useful in analyzing services provided to LEP populations.

We assure that we have completed the analyses for the child abuse & neglect programs administered by DSS agency.

Program Names: child abuse & neglect (Complete a separate table for each program or contract checked on the Funded Programs Checklist of the Plan.)

Note: From the CUSTOMER SERVICE POPULATION ANALYSIS data table (for this program): use the "total Eligible Population Likely to be Encountered in Service Area – number" here: Total Eligible Population Likely to be Encountered in Service Area (Number) (a) = N/A.

Eligible LEP Population Likely to be Encountered in Service Area (by Language)	Percent of Eligible LEP Likely to Be Encountered	LEP population Served in the Service Area	Written Translation of Vital Documents	Written Notice to Community of Oral Language Assistance and Translation of Vital Documents
Number (b)	Percent (c) $c = (b/a \times 100)$	Served (d)	Check Yes if eligible LEP pop. (column c) is 5% or column b is 1,000 or more	Check Yes if eligible LEP pop. Is less than 5% or Less than 1,000
Spanish: 3335	3.3	156	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Hmong: 406	0.4	n/a	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Russian: na		na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
BSC(*): 21	0.02	na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Somali: 12	.01	na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Other: 31	.03	na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

(*) BSC = Bosnian/Serbian/Croatian

Summary for LEP Customer Data Analysis

- Service Area: Fond du Lac County
- Data Source(s): Fond du Lac County DSS
- Date from Previous 12 Months: From: 1/1/2008 To: 12/31/2008

Please comment on the nature and resolution of LEP related discrimination complaints filed, both formal and informal:

n/a

This LEP Customer Data Analysis was prepared by:

Michael Marx

Name - Preparer


SIGNATURE - Preparer

2/24/10
Date Signed

Services to LEP Language Groups

Please check all that apply to your agency's service to the eligible language groups in your service area:

- a. ☒ Oral interpretation is provided upon request at no charge to the customer.
- b. ☐ We only hire qualified interpreters (certificate of completion from any recognized training providers, see definition on page 17).
- c. ☐ We routinely collect information regarding the LEP participant's preferred primary language to alert the agency of the need for a qualified interpreter. The language information per LEP patient is part of our database.

Written Translation:

- d. ☒ Our entity has identified and inventoried all vital documents for our programs or services and the inventory list is available for inspection.
- e. ☒ The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000; therefore, the entity will provide written translation of vital documents.
- f. ☒ There are fewer than 5% and less than 1,000 persons in a language group. Our agency will provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.

5. Customer Service Population Data Analysis

Program Name(s): Child Care Program (Complete a separate table for each program or contract checked on the Funded Programs Checklist. If the eligible populations are the same for multiple programs identify programs on the line above.)

Category	Eligible Population Likely to be Encountered in Service Area		Eligible Population Served in Most Recent Calendar or Program Year			Difference
	Number	Percent (%)	Number	One Year %		
*TOTAL eligible Population in service area	101275	100%	2387	100%		N/A
White, not of Hispanic origin	94103		1912			N/A
African American or African origin	750	Combined #: 7172	139	Combined #: 476	Combined #: 19.9	+12.8%
American Indian or Alaska Native	367		5			
Asian	934		38			
Hispanic/Latino Regardless of age	3335		229			
Native Hawaiian or Other Pacific Islander	30		1			
More than 1 Race	1756		63			
Females	50859		na			
Persons with Disabilities	13088		30			

*The number in the first column (Total Eligible Population Likely to be Encountered in Service Area) should be used when completing the LEP customer service language access data table.

If difference is greater than a -2%, please state the reason(s) why your agency may not be providing service to potential eligible participants in the protected categories given above:
Minorities are more likely to apply for this program as they are lower income.

What can be tried to improve participation?

If denials for service (including IM negative decision, licensing activities) have been disproportionate within the last 24 months, please explain:
n/a

How many informal and formal discrimination complaints were filed within the last 24 months? Recipients must maintain a log that records at a minimum the date and name of complainants, the nature or type of complaints, the protected status of the complainant and a summary of the disposition of the complaint. A copy of the complaint log must be available for review if a desk audit is completed or at the time an on-site monitoring compliance review is conducted or upon request by the DCF, the DHS or DWD.

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Please comment on the **nature** of the discrimination complaints filed
n/a

Instructions for Completing Customer Service Population Data Analysis

As stated in the Instructions, the purpose of the CSPA is to determine if you are serving eligible participants in the protected categories in the same proportion they are represented in the total eligible population.

Step 1:

- **"Eligible Population Likely to be Encountered"** means the total number of individuals in the service area who may meet the eligibility requirements of a recipient's program(s), whether or not they are currently being served.
- **"Percent of Eligible Participants in Each Protected Category Likely to be encountered"** is computed by dividing the number of each category (combined race/ethnicity, females, and persons with disability) likely to be encountered by the total number of eligible population likely to be encountered in the service area.

Step 2:

- **"Eligible Population Served"** means the number of participants who are enrolled or registered in a program or service administered by a recipient. For purposes of reporting, use the number of participants within a one-year calendar period.
- **"Percent of Eligible Participants in Each Protected Category Served"** is computed by dividing each category (e.g., combined race/ethnicity, females, and persons with disabilities) served by the total number of eligible population served in the service area.

Summary for Customer Service Data Analysis

- Geographic Service Area: Fond du Lac County
- Data Source(s): FDL Dept of Social Services
- Date Period: From: 1/1/2008 To: 12/31/2008

This Customer Service Data Analysis was prepared by:

Michael Marx
Name - Preparer


SIGNATURE - Preparer

2/26/10
Date Signed

6. Limited English Proficiency (LEP) Data Analysis

As stated in the Instructions, the purpose of the analysis is for your agency to plan for the translation of vital documents to meet the "safe harbor" federal guidelines. The analysis is also useful to determine which language groups are present in your service area, the degree to which members of these language groups are being served and the steps being taken to improve language access to services and programs. Your agency is required to provide oral language interpreters to all customers who consider themselves as LEP and who present themselves to your agency on a walk-in or telephone basis. This analysis is intended to assist your agency with determining the size of each LEP group, the languages spoken in the service area and the methods your agency will use to ensure full and meaningful access to all of your programs and services. Oral language and translation of vital information/documents must be provided at no cost to the customer.

LEP Customer Data Analysis for Translation of Vital Documents

- **"Number of Eligible Population Likely to be Encountered in Service Area"** means the total number of individuals in the service area who may meet the eligibility requirements of the recipient's program(s), whether or not they are currently being served. These include eligible LEP participants. This numbers should reflect the numbers entered into the Customer Service Population Analysis column "Eligible Population Likely to be Encountered in the Service area for each program being analyzed.
- **"Number of Eligible LEP Population Likely to be Encountered in Service Area"** mean the total number of LEP participants currently served or those who meet the eligibility requirements of the recipient's program, whether or not they are currently being served.
- **"Percentage of Eligible LEP Population Served or Likely to be Encountered in Service Area"** is computed by dividing the number of eligible LEP population served or likely to be encountered by the number of the total eligible population served or likely to be encountered.
- **"LEP population served in the service area"** This data, while not required to determine translation or interpretation needs is useful in analyzing services provided to LEP populations.

We assure that we have completed the analyses for the child care program programs administered by DSS agency.

Program Names: child care program (Complete a separate table for each program or contract checked on the Funded Programs Checklist of the Plan.)

Note: From the CUSTOMER SERVICE POPULATION ANALYSIS data table (for this program): use the "total Eligible Population Likely to be Encountered in Service Area – number" here: Total Eligible Population Likely to be Encountered in Service Area (Number) (a) = N/A.

Eligible LEP Population Likely to be Encountered in Service Area (by Language)	Percent of Eligible LEP Likely to Be Encountered	LEP population Served in the Service Area	Written Translation of Vital Documents	Written Notice to Community of Oral Language Assistance and Translation of Vital Documents
Number (b)	Percent (c) $c = (b/a \times 100)$	Served (d)	Check Yes if eligible LEP pop. (column c) is 5% or column b is 1,000 or more	Check Yes if eligible LEP pop. Is less than 5% or Less than 1,000
Spanish: 3335	3.3	229	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Hmong: 406	0.4	n/a	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Russian: na		na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
BSC(*) : 21	0.02	na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Somali: 12	.01	na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Other: 31	.03	na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

(*) BSC = Bosnian/Serbian/Croatian

Summary for LEP Customer Data Analysis

- Service Area: Fond du Lac County
- Data Source(s): Fond du Lac County DSS
- Date from Previous 12 Months: From: 1/1/2008 To: 12/31/2008

Please comment on the nature and resolution of LEP related discrimination complaints filed, both formal and informal:

n/a

This LEP Customer Data Analysis was prepared by:

Michael Marx

Name - Preparer


SIGNATURE - Preparer

2/26/10

Date/Signed

Services to LEP Language Groups

Please check all that apply to your agency's service to the eligible language groups in your service area:

- a. ☒ Oral interpretation is provided upon request at no charge to the customer.
- b. ☐ We only hire qualified interpreters (certificate of completion from any recognized training providers, see definition on page 17).
- c. ☐ We routinely collect information regarding the LEP participant's preferred primary language to alert the agency of the need for a qualified interpreter. The language information per LEP patient is part of our database.

Written Translation:

- d. ☒ Our entity has identified and inventoried all vital documents for our programs or services and the inventory list is available for inspection.
- e. ☒ The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000; therefore, the entity will provide written translation of vital documents.
- f. ☒ There are fewer than 5% and less than 1,000 persons in a language group. Our agency will provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.

5. Customer Service Population Data Analysis

Program Name(s): Child Welfare (Complete a separate table for each program or contract checked on the Funded Programs Checklist. If the eligible populations are the same for multiple programs identify programs on the line above.)

Category	Eligible Population Likely to be Encountered in Service Area		Eligible Population Served in Most Recent Calendar or Program Year			Difference
	Number	Percent (%)		Number	One Year %	
*TOTAL eligible Population in service area	101275	100%		164	100%	N/A
White, not of Hispanic origin	94103			na		N/A
African American or African origin	750	Combined #: 7172	Combined #: 7.1		Combined #: 0	Combined #:
American Indian or Alaska Native	367					
Asian	934					
Hispanic/Latino Regardless of age	3335					
Native Hawaiian or Other Pacific Islander	30					
More than 1 Race	1756					
Females	50859			na		
Persons with Disabilities	13088			na		

*The number in the first column (Total Eligible Population Likely to be Encountered in Service Area) should be used when completing the LEP customer service language access data table.

If difference is greater than a -2%, please state the reason(s) why your agency may not be providing service to potential eligible participants in the protected categories given above:

Fond du Lac County did not track data by minority. Fond du Lac County will develop a tracking method.

What can be tried to improve participation?

If denials for service (including IM negative decision, licensing activities) have been disproportionate within the last 24 months, please explain:

n/a

How many informal and formal discrimination complaints were filed within the last 24 months? Recipients must maintain a log that records at a minimum the date and name of complainants, the nature or type of complaints, the protected status of the complainant and a summary of the disposition of the complaint. A copy of the complaint log must be available for review if a desk audit is completed or at the time an on-site monitoring compliance review is conducted or upon request by the DCF, the DHS or DWD.

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Please comment on the **nature** of the discrimination complaints filed
n/a

Instructions for Completing Customer Service Population Data Analysis

As stated in the Instructions, the purpose of the CSPA is to determine if you are serving eligible participants in the protected categories in the same proportion they are represented in the total eligible population.

Step 1:

- **“Eligible Population Likely to be Encountered”** means the total number of individuals in the service area who may meet the eligibility requirements of a recipient’s program(s), whether or not they are currently being served.
- **“Percent of Eligible Participants in Each Protected Category Likely to be encountered”** is computed by dividing the number of each category (combined race/ethnicity, females, and persons with disability) likely to be encountered by the total number of eligible population likely to be encountered in the service area.

Step 2:

- **“Eligible Population Served”** means the number of participants who are enrolled or registered in a program or service administered by a recipient. For purposes of reporting, use the number of participants within a one-year calendar period.
- **“Percent of Eligible Participants in Each Protected Category Served”** is computed by dividing each category (e.g., combined race/ethnicity, females, and persons with disabilities) served by the total number of eligible population served in the service area.

Summary for Customer Service Data Analysis

- Geographic Service Area: Fond du Lac County
- Data Source(s): FDL Dept of Social Services
- Date Period: From: **1/1/2008** To: **12/31/2008**

This Customer Service Data Analysis was prepared by:

Michael Marx
Name - Preparer


SIGNATURE - Preparer

2/26/10
Date Signed

6. Limited English Proficiency (LEP) Data Analysis

As stated in the Instructions, the purpose of the analysis is for your agency to plan for the translation of vital documents to meet the "safe harbor" federal guidelines. The analysis is also useful to determine which language groups are present in your service area, the degree to which members of these language groups are being served and the steps being taken to improve language access to services and programs. Your agency is required to provide oral language interpreters to all customers who consider themselves as LEP and who present themselves to your agency on a walk-in or telephone basis. This analysis is intended to assist your agency with determining the size of each LEP group, the languages spoken in the service area and the methods your agency will use to ensure full and meaningful access to all of your programs and services. Oral language and translation of vital information/documents must be provided at no cost to the customer.

LEP Customer Data Analysis for Translation of Vital Documents

- **"Number of Eligible Population Likely to be Encountered in Service Area"** means the total number of individuals in the service area who may meet the eligibility requirements of the recipient's program(s), whether or not they are currently being served. These include eligible LEP participants. This numbers should reflect the numbers entered into the Customer Service Population Analysis column "Eligible Population Likely to be Encountered in the Service area for each program being analyzed.
- **"Number of Eligible LEP Population Likely to be Encountered in Service Area"** mean the total number of LEP participants currently served or those who meet the eligibility requirements of the recipient's program, whether or not they are currently being served.
- **"Percentage of Eligible LEP Population Served or Likely to be Encountered in Service Area"** is computed by dividing the number of eligible LEP population served or likely to be encountered by the number of the total eligible population served or likely to be encountered.
- **"LEP population served in the service area"** This data, while not required to determine translation or interpretation needs is useful in analyzing services provided to LEP populations.

We assure that we have completed the analyses for the Child Welfare programs administered by DSS agency.

Program Names: Child Welfare (Complete a separate table for each program or contract checked on the Funded Programs Checklist of the Plan.)

Note: From the CUSTOMER SERVICE POPULATION ANALYSIS data table (for this program): use the "total Eligible Population Likely to be Encountered in Service Area – number" here: Total Eligible Population Likely to be Encountered in Service Area (Number) (a) = N/A.

Eligible LEP Population Likely to be Encountered in Service Area (by Language)	Percent of Eligible LEP Likely to Be Encountered	LEP population Served in the Service Area	Written Translation of Vital Documents	Written Notice to Community of Oral Language Assistance and Translation of Vital Documents
Number (b)	Percent (c) $c = (b/a \times 100)$	Served (d)	Check Yes if eligible LEP pop. (column c) is 5% or column b is 1,000 or more	Check Yes if eligible LEP pop. Is less than 5% or Less than 1,000
Spanish: 3335	3.3	n/a	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Hmong: 406	0.4	n/a	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Russian: na		na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
BSC(*) : 21	0.02	na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Somali: 12	.01	na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Other: 31	.03	na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

(*) BSC = Bosnian/Serbian/Croatian

Summary for LEP Customer Data Analysis

- Service Area: Fond du Lac County
- Data Source(s): Fond du Lac County DSS
- Date from Previous 12 Months: From: **1/1/2008** To: **12/31/2008**

Please comment on the nature and resolution of LEP related discrimination complaints filed, both formal and informal:

n/a

This LEP Customer Data Analysis was prepared by:

Michael Marx

Name - Preparer


SIGNATURE - Preparer


Date Signed

Services to LEP Language Groups

Please check all that apply to your agency's service to the eligible language groups in your service area:

- a. ☒ Oral interpretation is provided upon request at no charge to the customer.
- b. ☐ We only hire qualified interpreters (certificate of completion from any recognized training providers, see definition on page 17).
- c. ☐ We routinely collect information regarding the LEP participant's preferred primary language to alert the agency of the need for a qualified interpreter. The language information per LEP patient is part of our database.

Written Translation:

- d. ☒ Our entity has identified and inventoried all vital documents for our programs or services and the inventory list is available for inspection.
- e. ☒ The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000; therefore, the entity will provide written translation of vital documents.
- f. ☒ There are fewer than 5% and less than 1,000 persons in a language group. Our agency will provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.

5. Customer Service Population Data Analysis

Program Name(s): Child Support (Complete a separate table for each program or contract checked on the Funded Programs Checklist. If the eligible populations are the same for multiple programs identify programs on the line above.)

Category	Eligible Population Likely to be Encountered in Service Area		Eligible Population Served in Most Recent Calendar or Program Year			Difference
	Number	Percent (%)		Number	One Year %	
*TOTAL eligible Population in service area	101275	100%		na	100%	N/A
White, not of Hispanic origin	94103			na		N/A
African American or African origin	750	Combined #: 7172	Combined #: 7.1	0	Combined #: 0	0
American Indian or Alaska Native	367			0		
Asian	934			0		
Hispanic/Latino Regardless of age	3335			0		
Native Hawaiian or Other Pacific Islander	30			0		
More than 1 Race	1756			0		
Females	50859			na		0
Persons with Disabilities	13088			0		

*The number in the first column (Total Eligible Population Likely to be Encountered in Service Area) should be used when completing the LEP customer service language access data table.

If difference is greater than a -2%, please state the reason(s) why your agency may not be providing service to potential eligible participants in the protected categories given above:

What can be tried to improve participation?

If denials for service (including IM negative decision, licensing activities) have been disproportionate within the last 24 months, please explain:

n/a

How many informal and formal discrimination complaints were filed within the last 24 months? Recipients must maintain a log that records at a minimum the date and name of complainants, the nature or type of complaints, the protected status of the complainant and a summary of the disposition of the complaint. A copy of the complaint log must be available for review if a desk audit is completed or at the time an on-site monitoring compliance review is conducted or upon request by the DCF, the DHS or DWD.

0

Please comment on the **nature** of the discrimination complaints filed

n/a

Instructions for Completing Customer Service Population Data Analysis

As stated in the Instructions, the purpose of the CSPA is to determine if you are serving eligible participants in the protected categories in the same proportion they are represented in the total eligible population.

Step 1:

- **“Eligible Population Likely to be Encountered”** means the total number of individuals in the service area who may meet the eligibility requirements of a recipient's program(s), whether or not they are currently being served.
- **“Percent of Eligible Participants in Each Protected Category Likely to be encountered”** is computed by dividing the number of each category (combined race/ethnicity, females, and persons with disability) likely to be encountered by the total number of eligible population likely to be encountered in the service area.

Step 2:

- **“Eligible Population Served”** means the number of participants who are enrolled or registered in a program or service administered by a recipient. For purposes of reporting, use the number of participants within a one-year calendar period.
- **“Percent of Eligible Participants in Each Protected Category Served”** is computed by dividing each category (e.g., combined race/ethnicity, females, and persons with disabilities) served by the total number of eligible population served in the service area.

Summary for Customer Service Data Analysis

- Geographic Service Area: Fond du Lac County
- Data Source(s): Dept. of Child Support
- Date Period: From: **1/1/2009** To: **12/1/2009**

This Customer Service Data Analysis was prepared by:

Michael Marx
Name - Preparer


SIGNATURE - Preparer


Date Signed

6. Limited English Proficiency (LEP) Data Analysis

As stated in the Instructions, the purpose of the analysis is for your agency to plan for the translation of vital documents to meet the "safe harbor" federal guidelines. The analysis is also useful to determine which language groups are present in your service area, the degree to which members of these language groups are being served and the steps being taken to improve language access to services and programs. Your agency is required to provide oral language interpreters to all customers who consider themselves as LEP and who present themselves to your agency on a walk-in or telephone basis. This analysis is intended to assist your agency with determining the size of each LEP group, the languages spoken in the service area and the methods your agency will use to ensure full and meaningful access to all of your programs and services. Oral language and translation of vital information/documents must be provided at no cost to the customer.

LEP Customer Data Analysis for Translation of Vital Documents

- **"Number of Eligible Population Likely to be Encountered in Service Area"** means the total number of individuals in the service area who may meet the eligibility requirements of the recipient's program(s), whether or not they are currently being served. These include eligible LEP participants. This numbers should reflect the numbers entered into the Customer Service Population Analysis column "Eligible Population Likely to be Encountered in the Service area for each program being analyzed.
- **"Number of Eligible LEP Population Likely to be Encountered in Service Area"** mean the total number of LEP participants currently served or those who meet the eligibility requirements of the recipient's program, whether or not they are currently being served.
- **"Percentage of Eligible LEP Population Served or Likely to be Encountered in Service Area"** is computed by dividing the number of eligible LEP population served or likely to be encountered by the number of the total eligible population served or likely to be encountered.
- **"LEP population served in the service area"** This data, while not required to determine translation or interpretation needs is useful in analyzing services provided to LEP populations.

We assure that we have completed the analyses for the Child Support programs administered by Dept. of Child Support agency.

Program Names: Child Support (Complete a separate table for each program or contract checked on the Funded Programs Checklist of the Plan.)

Note: From the CUSTOMER SERVICE POPULATION ANALYSIS data table (for this program): use the "total Eligible Population Likely to be Encountered in Service Area – number" here: Total Eligible Population Likely to be Encountered in Service Area (Number) (a) = N/A.

Eligible LEP Population Likely to be Encountered in Service Area (by Language)	Percent of Eligible LEP Likely to Be Encountered	LEP population Served in the Service Area	Written Translation of Vital Documents	Written Notice to Community of Oral Language Assistance and Translation of Vital Documents
Number (b)	Percent (c) $c = (b/a \times 100)$	Served (d)	Check Yes if eligible LEP pop. (column c) is 5% or column b is 1,000 or more	Check Yes if eligible LEP pop. Is less than 5% or Less than 1,000
Spanish: 3335	3.3	na	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Hmong: 406	0.4	n/a	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Russian: na		na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
BSC(*) : 21	0.02	na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Somali: 12	.01	na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Other: 31	.03	na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

(*) BSC = Bosnian/Serbian/Croatian

Summary for LEP Customer Data Analysis

- Service Area: Fond du Lac County
- Data Source(s): Fond du Lac Dept of Child Support
- Date from Previous 12 Months: From: 1/1/2009 To: 12/1/2008

Please comment on the nature and resolution of LEP related discrimination complaints filed, both formal and informal:

n/a

This LEP Customer Data Analysis was prepared by:

Michael Marx

Name - Preparer


SIGNATURE - Preparer

2/26/10

Date Signed

Services to LEP Language Groups

Please check all that apply to your agency's service to the eligible language groups in your service area:

- a. ☒ Oral interpretation is provided upon request at no charge to the customer.
- b. ☐ We only hire qualified interpreters (certificate of completion from any recognized training providers, see definition on page 17).
- c. ☐ We routinely collect information regarding the LEP participant's preferred primary language to alert the agency of the need for a qualified interpreter. The language information per LEP patient is part of our database.

Written Translation:

- d. ☒ Our entity has identified and inventoried all vital documents for our programs or services and the inventory list is available for inspection.
- e. ☒ The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000; therefore, the entity will provide written translation of vital documents.
- f. ☒ There are fewer than 5% and less than 1,000 persons in a language group. Our agency will provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.

5. Customer Service Population Data Analysis

Program Name(s): Communicable Disease (Complete a separate table for each program or contract checked on the Funded Programs Checklist. If the eligible populations are the same for multiple programs identify programs on the line above.)

Category	Eligible Population Likely to be Encountered in Service Area		Eligible Population Served in Most Recent Calendar or Program Year			Difference
	Number	Percent (%)	Number	One Year %		
*TOTAL eligible Population in service area	101275	100%	568	100%		N/A
White, not of Hispanic origin	94103		504			N/A
African American or African origin	750	Combined #: 7172	20	Combined #: 64	Combined #: 11.3	+3.2%
American Indian or Alaska Native	367		1			
Asian	934		18			
Hispanic/Latino Regardless of age	3335		25			
Native Hawaiian or Other Pacific Islander	30		0			
More than 1 Race	1756		45			
Females	50859		368			+14.6%
Persons with Disabilities	13088		na			

*The number in the first column (Total Eligible Population Likely to be Encountered in Service Area) should be used when completing the LEP customer service language access data table.

If difference is greater than a -2%, please state the reason(s) why your agency may not be providing service to potential eligible participants in the protected categories given above:

n/a

What can be tried to improve participation?

n/a

If denials for service (including IM negative decision, licensing activities) have been disproportionate within the last 24 months, please explain:

n/a

How many informal and formal discrimination complaints were filed within the last 24 months? Recipients must maintain a log that records at a minimum the date and name of complainants, the nature or type of complaints, the protected status of the complainant and a summary of the disposition of the complaint. A copy of the complaint log must be available for review if a desk audit is completed or at the time an on-site monitoring compliance review is conducted or upon request by the DCF, the DHS or DWD.

0

Please comment on the **nature** of the discrimination complaints filed
n/a

Instructions for Completing Customer Service Population Data Analysis

As stated in the Instructions, the purpose of the CSPA is to determine if you are serving eligible participants in the protected categories in the same proportion they are represented in the total eligible population.

Step 1:

- **"Eligible Population Likely to be Encountered"** means the total number of individuals in the service area who may meet the eligibility requirements of a recipient's program(s), whether or not they are currently being served.
- **"Percent of Eligible Participants in Each Protected Category Likely to be encountered"** is computed by dividing the number of each category (combined race/ethnicity, females, and persons with disability) likely to be encountered by the total number of eligible population likely to be encountered in the service area.

Step 2:

- **"Eligible Population Served"** means the number of participants who are enrolled or registered in a program or service administered by a recipient. For purposes of reporting, use the number of participants within a one-year calendar period.
- **"Percent of Eligible Participants in Each Protected Category Served"** is computed by dividing each category (e.g., combined race/ethnicity, females, and persons with disabilities) served by the total number of eligible population served in the service area.


Summary for Customer Service Data Analysis

- Geographic Service Area: Fond du Lac County
- Data Source(s): County Health Dept
- Date Period: From: 1/1/2008 To: 12/31/2008

This Customer Service Data Analysis was prepared by:

Michael Marx

Name - Preparer


SIGNATURE - Preparer

2/26/10
Date Signed

6. Limited English Proficiency (LEP) Data Analysis

As stated in the Instructions, the purpose of the analysis is for your agency to plan for the translation of vital documents to meet the "safe harbor" federal guidelines. The analysis is also useful to determine which language groups are present in your service area, the degree to which members of these language groups are being served and the steps being taken to improve language access to services and programs. Your agency is required to provide oral language interpreters to all customers who consider themselves as LEP and who present themselves to your agency on a walk-in or telephone basis. This analysis is intended to assist your agency with determining the size of each LEP group, the languages spoken in the service area and the methods your agency will use to ensure full and meaningful access to all of your programs and services. Oral language and translation of vital information/documents must be provided at no cost to the customer.

LEP Customer Data Analysis for Translation of Vital Documents

- **"Number of Eligible Population Likely to be Encountered in Service Area"** means the total number of individuals in the service area who may meet the eligibility requirements of the recipient's program(s), whether or not they are currently being served. These include eligible LEP participants. This numbers should reflect the numbers entered into the Customer Service Population Analysis column "Eligible Population Likely to be Encountered in the Service area for each program being analyzed.
- **"Number of Eligible LEP Population Likely to be Encountered in Service Area"** mean the total number of LEP participants currently served or those who meet the eligibility requirements of the recipient's program, whether or not they are currently being served.
- **"Percentage of Eligible LEP Population Served or Likely to be Encountered in Service Area"** is computed by dividing the number of eligible LEP population served or likely to be encountered by the number of the total eligible population served or likely to be encountered.
- **"LEP population served in the service area"** This data, while not required to determine translation or interpretation needs is useful in analyzing services provided to LEP populations.

We assure that we have completed the analyses for the Communicable Disease programs administered by FDL County Health agency.

Program Names: Communicable Disease (Complete a separate table for each program or contract checked on the Funded Programs Checklist of the Plan.)

Note: From the CUSTOMER SERVICE POPULATION ANALYSIS data table (for this program): use the "total Eligible Population Likely to be Encountered in Service Area – number" here: Total Eligible Population Likely to be Encountered in Service Area (Number) (a) = 568.

Eligible LEP Population Likely to be Encountered in Service Area (by Language)	Percent of Eligible LEP Likely to Be Encountered	LEP population Served in the Service Area	Written Translation of Vital Documents	Written Notice to Community of Oral Language Assistance and Translation of Vital Documents
Number (b)	Percent (c) $c = (b/a \times 100)$	Served (d)	Check Yes if eligible LEP pop. (column c) is 5% or column b is 1,000 or more	Check Yes if eligible LEP pop. Is less than 5% or Less than 1,000
Spanish: 3335	3.3	25	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Hmong: 406	0.4	n/a	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Russian: na		na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
BSC(*) : 21	0.02	na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Somali: 12	.01	na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Other: 31	.03	na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

(*) BSC = Bosnian/Serbian/Croatian

Summary for LEP Customer Data Analysis

- Service Area: Fond du Lac County
- Data Source(s): Fond du Lac County Health Dept
- Date from Previous 12 Months: From: **1/1/2008** To: **12/31/2008**

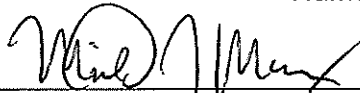
Please comment on the nature and resolution of LEP related discrimination complaints filed, both formal and informal:

n/a

This LEP Customer Data Analysis was prepared by:

Michael Marx

Name - Preparer



SIGNATURE - Preparer

2/26/10

Date Signed

Services to LEP Language Groups

Please check all that apply to your agency's service to the eligible language groups in your service area:

- a. ☒ Oral interpretation is provided upon request at no charge to the customer.
- b. ☐ We only hire qualified interpreters (certificate of completion from any recognized training providers, see definition on page 17).
- c. ☐ We routinely collect information regarding the LEP participant's preferred primary language to alert the agency of the need for a qualified interpreter. The language information per LEP patient is part of our database.

Written Translation:

- d. ☒ Our entity has identified and inventoried all vital documents for our programs or services and the inventory list is available for inspection.
- e. ☒ The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000; therefore, the entity will provide written translation of vital documents.
- f. ☒ There are fewer than 5% and less than 1,000 persons in a language group. Our agency will provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.

5. Customer Service Population Data Analysis

Program Name(s): CTS (Complete a separate table for each program or contract checked on the Funded Programs Checklist. If the eligible populations are the same for multiple programs identify programs on the line above.)

Category	Eligible Population Likely to be Encountered in Service Area		Eligible Population Served in Most Recent Calendar or Program Year			Difference	
	Number	Percent (%)	Number	One Year %			
*TOTAL eligible Population in service area	101275	100%		85	100%		N/A
White, not of Hispanic origin	94103			51			N/A
African American or African origin	750	Combined #: 7172	Combined #:7.1	12	Combined #: 34	Combined #: 40%	+33%
American Indian or Alaska Native	367			2			
Asian	934			9			
Hispanic/Latino Regardless of age	3335			11			
Native Hawaiian or Other Pacific Islander	30			0			
More than 1 Race	1756			0			
Females	50859			na			+8%
Persons with Disabilities	13088			0			

*The number in the first column (Total Eligible Population Likely to be Encountered in Service Area) should be used when completing the LEP customer service language access data table.

If difference is greater than a -2%, please state the reason(s) why your agency may not be providing service to potential eligible participants in the protected categories given above:

What can be tried to improve participation?

If denials for service (including IM negative decision, licensing activities) have been disproportionate within the last 24 months, please explain:

n/a

How many informal and formal discrimination complaints were filed within the last 24 months? Recipients must maintain a log that records at a minimum the date and name of complainants, the nature or type of complaints, the protected status of the complainant and a summary of the disposition of the complaint. A copy of the complaint log must be available for review if a desk audit is completed or at the time an on-site monitoring compliance review is conducted or upon request by the DCF, the DHS or DWD.

0

Please comment on the **nature** of the discrimination complaints filed

n/a

Instructions for Completing Customer Service Population Data Analysis

As stated in the Instructions, the purpose of the CSPA is to determine if you are serving eligible participants in the protected categories in the same proportion they are represented in the total eligible population.

Step 1:

- **“Eligible Population Likely to be Encountered”** means the total number of individuals in the service area who may meet the eligibility requirements of a recipient’s program(s), whether or not they are currently being served.
- **“Percent of Eligible Participants in Each Protected Category Likely to be encountered”** is computed by dividing the number of each category (combined race/ethnicity, females, and persons with disability) likely to be encountered by the total number of eligible population likely to be encountered in the service area.

Step 2:

- **“Eligible Population Served”** means the number of participants who are enrolled or registered in a program or service administered by a recipient. For purposes of reporting, use the number of participants within a one-year calendar period.
- **“Percent of Eligible Participants in Each Protected Category Served”** is computed by dividing each category (e.g., combined race/ethnicity, females, and persons with disabilities) served by the total number of eligible population served in the service area.

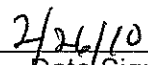
Summary for Customer Service Data Analysis

- Geographic Service Area: Fond du Lac County
- Data Source(s): Dept. of Community Programs
- Date Period: From: **1/1/2009** To: **12/1/2009**

This Customer Service Data Analysis was prepared by:

Michael Marx
Name - Preparer


SIGNATURE - Preparer


Date Signed

6. Limited English Proficiency (LEP) Data Analysis

As stated in the Instructions, the purpose of the analysis is for your agency to plan for the translation of vital documents to meet the "safe harbor" federal guidelines. The analysis is also useful to determine which language groups are present in your service area, the degree to which members of these language groups are being served and the steps being taken to improve language access to services and programs. Your agency is required to provide oral language interpreters to all customers who consider themselves as LEP and who present themselves to your agency on a walk-in or telephone basis. This analysis is intended to assist your agency with determining the size of each LEP group, the languages spoken in the service area and the methods your agency will use to ensure full and meaningful access to all of your programs and services. Oral language and translation of vital information/documents must be provided at no cost to the customer.

LEP Customer Data Analysis for Translation of Vital Documents

- **"Number of Eligible Population Likely to be Encountered in Service Area"** means the total number of individuals in the service area who may meet the eligibility requirements of the recipient's program(s), whether or not they are currently being served. These include eligible LEP participants. This numbers should reflect the numbers entered into the Customer Service Population Analysis column "Eligible Population Likely to be Encountered in the Service area for each program being analyzed.
- **"Number of Eligible LEP Population Likely to be Encountered in Service Area"** mean the total number of LEP participants currently served or those who meet the eligibility requirements of the recipient's program, whether or not they are currently being served.
- **"Percentage of Eligible LEP Population Served or Likely to be Encountered in Service Area"** is computed by dividing the number of eligible LEP population served or likely to be encountered by the number of the total eligible population served or likely to be encountered.
- **"LEP population served in the service area"** This data, while not required to determine translation or interpretation needs is useful in analyzing services provided to LEP populations.

We assure that we have completed the analyses for the CTS programs administered by Dept. of Community Progra agency.

Program Names: CTS (Complete a separate table for each program or contract checked on the Funded Programs Checklist of the Plan.)

Note: From the CUSTOMER SERVICE POPULATION ANALYSIS data table (for this program): use the "total Eligible Population Likely to be Encountered in Service Area – number" here: Total Eligible Population Likely to be Encountered in Service Area (Number) (a) = N/A.

Eligible LEP Population Likely to be Encountered in Service Area (by Language)	Percent of Eligible LEP Likely to Be Encountered	LEP population Served in the Service Area	Written Translation of Vital Documents	Written Notice to Community of Oral Language Assistance and Translation of Vital Documents
Number (b)	Percent (c) $c = (b/a \times 100)$	Served (d)	Check Yes if eligible LEP pop. (column c) is 5% or column b is 1,000 or more	Check Yes if eligible LEP pop. Is less than 5% or Less than 1,000
Spanish: 3335	3.3	11	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Hmong: 406	0.4	n/a	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Russian: na		na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
BSC(*) : 21	0.02	na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Somali: 12	.01	na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Other: 31	.03	na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

(*) BSC = Bosnian/Serbian/Croatian

Summary for LEP Customer Data Analysis

- Service Area: Fond du Lac County
- Data Source(s): Fond du Lac Dept of Community Programs
- Date from Previous 12 Months: From: **1/1/2009** To: **12/1/2008**

Please comment on the nature and resolution of LEP related discrimination complaints filed, both formal and informal:

n/a

This LEP Customer Data Analysis was prepared by:

Michael Marx
Name - Preparer

SIGNATURE - Preparer

Date Signed

Services to LEP Language Groups

Please check all that apply to your agency's service to the eligible language groups in your service area:

- a. ☒ Oral interpretation is provided upon request at no charge to the customer.
- b. ☐ We only hire qualified interpreters (certificate of completion from any recognized training providers, see definition on page 17).
- c. ☐ We routinely collect information regarding the LEP participant's preferred primary language to alert the agency of the need for a qualified interpreter. The language information per LEP patient is part of our database.

Written Translation:

- d. ☒ Our entity has identified and inventoried all vital documents for our programs or services and the inventory list is available for inspection.
- e. ☒ The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000; therefore, the entity will provide written translation of vital documents.
- f. ☒ There are fewer than 5% and less than 1,000 persons in a language group. Our agency will provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.

5. Customer Service Population Data Analysis

Program Name(s): FoodShare Program (Complete a separate table for each program or contract checked on the Funded Programs Checklist. If the eligible populations are the same for multiple programs identify programs on the line above.)

Category	Eligible Population Likely to be Encountered in Service Area		Eligible Population Served in Most Recent Calendar or Program Year			Difference	
	Number	Percent (%)	Number	One Year %			
*TOTAL eligible Population in service area	101275	100%		8492	100%		N/A
White, not of Hispanic origin	94103			6796			N/A
African American or African origin	750	Combined #: 7172	Combined #: 7.1	458	Combined #: 1696	Combined #: 36.8	+13%
American Indian or Alaska Native	367			53			
Asian	934			233			
Hispanic/Latino Regardless of age	3335			784			
Native Hawaiian or Other Pacific Islander	30			6			
More than 1 Race	1756			162			
Females	50859			na			
Persons with Disabilities	13088			982			

*The number in the first column (Total Eligible Population Likely to be Encountered in Service Area) should be used when completing the LEP customer service language access data table.

If difference is greater than a -2%, please state the reason(s) why your agency may not be providing service to potential eligible participants in the protected categories given above:
Minorities are more likely to apply for this program as they are lower income.

What can be tried to improve participation?

If denials for service (including IM negative decision, licensing activities) have been disproportionate within the last 24 months, please explain:

n/a

How many informal and formal discrimination complaints were filed within the last 24 months? Recipients must maintain a log that records at a minimum the date and name of complainants, the nature or type of complaints, the protected status of the complainant and a summary of the disposition of the complaint. A copy of the complaint log must be available for review if a desk audit is completed or at the time an on-site monitoring compliance review is conducted or upon request by the DCF, the DHS or DWD.

0

Please comment on the **nature** of the discrimination complaints filed
n/a

Instructions for Completing Customer Service Population Data Analysis

As stated in the Instructions, the purpose of the CSPA is to determine if you are serving eligible participants in the protected categories in the same proportion they are represented in the total eligible population.

Step 1:

- **"Eligible Population Likely to be Encountered"** means the total number of individuals in the service area who may meet the eligibility requirements of a recipient's program(s), whether or not they are currently being served.
- **"Percent of Eligible Participants in Each Protected Category Likely to be encountered"** is computed by dividing the number of each category (combined race/ethnicity, females, and persons with disability) likely to be encountered by the total number of eligible population likely to be encountered in the service area.

Step 2:

- **"Eligible Population Served"** means the number of participants who are enrolled or registered in a program or service administered by a recipient. For purposes of reporting, use the number of participants within a one-year calendar period.
- **"Percent of Eligible Participants in Each Protected Category Served"** is computed by dividing each category (e.g., combined race/ethnicity, females, and persons with disabilities) served by the total number of eligible population served in the service area.

Summary for Customer Service Data Analysis

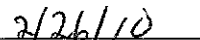
- Geographic Service Area: Fond du Lac County
- Data Source(s): FDL Dept of Social Services
- Date Period: From: **1/1/2008** To: **12/31/2008**

This Customer Service Data Analysis was prepared by:

Michael Marx

Name - Preparer


SIGNATURE - Preparer


Date Signed

6. Limited English Proficiency (LEP) Data Analysis

As stated in the Instructions, the purpose of the analysis is for your agency to plan for the translation of vital documents to meet the "safe harbor" federal guidelines. The analysis is also useful to determine which language groups are present in your service area, the degree to which members of these language groups are being served and the steps being taken to improve language access to services and programs. Your agency is required to provide oral language interpreters to all customers who consider themselves as LEP and who present themselves to your agency on a walk-in or telephone basis. This analysis is intended to assist your agency with determining the size of each LEP group, the languages spoken in the service area and the methods your agency will use to ensure full and meaningful access to all of your programs and services. Oral language and translation of vital information/documents must be provided at no cost to the customer.

LEP Customer Data Analysis for Translation of Vital Documents

- **"Number of Eligible Population Likely to be Encountered in Service Area"** means the total number of individuals in the service area who may meet the eligibility requirements of the recipient's program(s), whether or not they are currently being served. These include eligible LEP participants. This numbers should reflect the numbers entered into the Customer Service Population Analysis column "Eligible Population Likely to be Encountered in the Service area for each program being analyzed.
- **"Number of Eligible LEP Population Likely to be Encountered in Service Area"** mean the total number of LEP participants currently served or those who meet the eligibility requirements of the recipient's program, whether or not they are currently being served.
- **"Percentage of Eligible LEP Population Served or Likely to be Encountered in Service Area"** is computed by dividing the number of eligible LEP population served or likely to be encountered by the number of the total eligible population served or likely to be encountered.
- **"LEP population served in the service area"** This data, while not required to determine translation or interpretation needs is useful in analyzing services provided to LEP populations.

We assure that we have completed the analyses for the FoodShare programs administered by DSS agency.

Program Names: FoodShare (Complete a separate table for each program or contract checked on the Funded Programs Checklist of the Plan.)

Note: From the CUSTOMER SERVICE POPULATION ANALYSIS data table (for this program): use the "total Eligible Population Likely to be Encountered in Service Area – number" here: Total Eligible Population Likely to be Encountered in Service Area (Number) (a) = N/A.

Eligible LEP Population Likely to be Encountered in Service Area (by Language)	Percent of Eligible LEP Likely to Be Encountered	LEP population Served in the Service Area	Written Translation of Vital Documents	Written Notice to Community of Oral Language Assistance and Translation of Vital Documents
Number (b)	Percent (c) $c = (b/a \times 100)$	Served (d)	Check Yes if eligible LEP pop. (column c) is 5% or column b is 1,000 or more	Check Yes if eligible LEP pop. Is less than 5% or Less than 1,000
Spanish: 3335	3.3	784	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Hmong: 406	0.4	n/a	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Russian: na		na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
BSC(*) : 21	0.02	na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Somali: 12	.01	na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Other: 31	.03	na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

(*) BSC = Bosnian/Serbian/Croatian

Summary for LEP Customer Data Analysis

- Service Area: Fond du Lac County
- Data Source(s): Fond du Lac County DSS
- Date from Previous 12 Months: From: **1/1/2008** To: **12/31/2008**

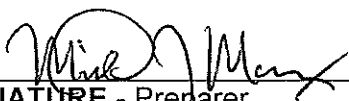
Please comment on the nature and resolution of LEP related discrimination complaints filed, both formal and informal:

n/a

This LEP Customer Data Analysis was prepared by:

Michael Marx

Name - Preparer



SIGNATURE - Preparer

2/26/10

Date Signed

Services to LEP Language Groups

Please check all that apply to your agency's service to the eligible language groups in your service area:

- a. ☒ Oral interpretation is provided upon request at no charge to the customer.
- b. ☐ We only hire qualified interpreters (certificate of completion from any recognized training providers, see definition on page 17).
- c. ☐ We routinely collect information regarding the LEP participant's preferred primary language to alert the agency of the need for a qualified interpreter. The language information per LEP patient is part of our database.

Written Translation:

- d. ☒ Our entity has identified and inventoried all vital documents for our programs or services and the inventory list is available for inspection.
- e. ☒ The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000; therefore, the entity will provide written translation of vital documents.
- f. ☒ There are fewer than 5% and less than 1,000 persons in a language group. Our agency will provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.

5. Customer Service Population Data Analysis

Program Name(s): Foster Care, Group Homes, Shelter Care (Complete a separate table for each program or contract checked on the Funded Programs Checklist. **If the eligible populations are the same for multiple programs** identify programs on the line above.)

Category	Eligible Population Likely to be Encountered in Service Area		Eligible Population Served in Most Recent Calendar or Program Year			Difference
	Number	Percent (%)	Number	One Year %		
*TOTAL eligible Population in service area	101275	100%	171	100%		N/A
White, not of Hispanic origin	94103		na			N/A
African American or African origin	750	Combined #: 7172		Combined #: 0	Combined #:	
American Indian or Alaska Native	367					
Asian	934					
Hispanic/Latino Regardless of age	3335					
Native Hawaiian or Other Pacific Islander	30					
More than 1 Race	1756					
Females	50859		na			
Persons with Disabilities	13088		na			

*The number in the first column (Total Eligible Population Likely to be Encountered in Service Area) should be used when completing the LEP customer service language access data table.

If difference is greater than a -2%, please state the reason(s) why your agency may not be providing service to potential eligible participants in the protected categories given above:

Fond du Lac County did not track data by minority. Fond du Lac County will develop a tracking method.

What can be tried to improve participation?

If denials for service (including IM negative decision, licensing activities) have been disproportionate within the last 24 months, please explain:

n/a

How many informal and formal discrimination complaints were filed within the last 24 months? Recipients must maintain a log that records at a minimum the date and name of complainants, the nature or type of complaints, the protected status of the complainant and a summary of the disposition of the complaint. A copy of the complaint log must be available for review if a desk audit is completed or at the time an on-site monitoring compliance review is conducted or upon request by the DCF, the DHS or DWD.

0

Please comment on the **nature** of the discrimination complaints filed

n/a

Instructions for Completing Customer Service Population Data Analysis

As stated in the Instructions, the purpose of the CSPA is to determine if you are serving eligible participants in the protected categories in the same proportion they are represented in the total eligible population.

Step 1:

- **"Eligible Population Likely to be Encountered"** means the total number of individuals in the service area who may meet the eligibility requirements of a recipient's program(s), whether or not they are currently being served.
- **"Percent of Eligible Participants in Each Protected Category Likely to be encountered"** is computed by dividing the number of each category (combined race/ethnicity, females, and persons with disability) likely to be encountered by the total number of eligible population likely to be encountered in the service area.

Step 2:

- **"Eligible Population Served"** means the number of participants who are enrolled or registered in a program or service administered by a recipient. For purposes of reporting, use the number of participants within a one-year calendar period.
- **"Percent of Eligible Participants in Each Protected Category Served"** is computed by dividing each category (e.g., combined race/ethnicity, females, and persons with disabilities) served by the total number of eligible population served in the service area.

Summary for Customer Service Data Analysis

- Geographic Service Area: Fond du Lac County
- Data Source(s): FDL Dept of Social Services
- Date Period: From: **1/1/2008** To: **12/31/2008**

This Customer Service Data Analysis was prepared by:

Michael Marx
Name - Preparer


SIGNATURE - Preparer


Date Signed

6. Limited English Proficiency (LEP) Data Analysis

As stated in the Instructions, the purpose of the analysis is for your agency to plan for the translation of vital documents to meet the "safe harbor" federal guidelines. The analysis is also useful to determine which language groups are present in your service area, the degree to which members of these language groups are being served and the steps being taken to improve language access to services and programs. Your agency is required to provide oral language interpreters to all customers who consider themselves as LEP and who present themselves to your agency on a walk-in or telephone basis. This analysis is intended to assist your agency with determining the size of each LEP group, the languages spoken in the service area and the methods your agency will use to ensure full and meaningful access to all of your programs and services. Oral language and translation of vital information/documents must be provided at no cost to the customer.

LEP Customer Data Analysis for Translation of Vital Documents

- **"Number of Eligible Population Likely to be Encountered in Service Area"** means the total number of individuals in the service area who may meet the eligibility requirements of the recipient's program(s), whether or not they are currently being served. These include eligible LEP participants. This numbers should reflect the numbers entered into the Customer Service Population Analysis column "Eligible Population Likely to be Encountered in the Service area for each program being analyzed.
- **"Number of Eligible LEP Population Likely to be Encountered in Service Area"** mean the total number of LEP participants currently served or those who meet the eligibility requirements of the recipient's program, whether or not they are currently being served.
- **"Percentage of Eligible LEP Population Served or Likely to be Encountered in Service Area"** is computed by dividing the number of eligible LEP population served or likely to be encountered by the number of the total eligible population served or likely to be encountered.
- **"LEP population served in the service area"** This data, while not required to determine translation or interpretation needs is useful in analyzing services provided to LEP populations.

We assure that we have completed the analyses for the Foster Care, Group Homes, programs administered by DSS agency.

Program Names: Foster Care, Group Home, Shelter Care (Complete a separate table for each program or contract checked on the Funded Programs Checklist of the Plan.)

Note: From the CUSTOMER SERVICE POPULATION ANALYSIS data table (for this program): use the "total Eligible Population Likely to be Encountered in Service Area – number" here: Total Eligible Population Likely to be Encountered in Service Area (Number) (a) = N/A.

Eligible LEP Population Likely to be Encountered in Service Area (by Language)	Percent of Eligible LEP Likely to Be Encountered	LEP population Served in the Service Area	Written Translation of Vital Documents	Written Notice to Community of Oral Language Assistance and Translation of Vital Documents
Number (b)	Percent (c) $c = (b/a \times 100)$	Served (d)	Check Yes if eligible LEP pop. (column c) is 5% or column b is 1,000 or more	Check Yes if eligible LEP pop. Is less than 5% or Less than 1,000
Spanish: 3335	3.3	n/a	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Hmong: 406	0.4	n/a	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Russian: na		na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
BSC(*) : 21	0.02	na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Somali: 12	.01	na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Other: 31	.03	na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

(*) BSC = Bosnian/Serbian/Croatian

Summary for LEP Customer Data Analysis

- Service Area: Fond du Lac County
- Data Source(s): Fond du Lac County DSS
- Date from Previous 12 Months: From: **1/1/2008** To: **12/31/2008**

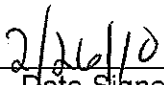
Please comment on the nature and resolution of LEP related discrimination complaints filed, both formal and informal:

n/a

This LEP Customer Data Analysis was prepared by:

Michael Marx
Name - Preparer


SIGNATURE - Preparer


Date Signed

Services to LEP Language Groups

Please check all that apply to your agency's service to the eligible language groups in your service area:

- a. ☒ Oral interpretation is provided upon request at no charge to the customer.
- b. ☐ We only hire qualified interpreters (certificate of completion from any recognized training providers, see definition on page 17).
- c. ☐ We routinely collect information regarding the LEP participant's preferred primary language to alert the agency of the need for a qualified interpreter. The language information per LEP patient is part of our database.

Written Translation:

- d. ☒ Our entity has identified and inventoried all vital documents for our programs or services and the inventory list is available for inspection.
- e. ☒ The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000; therefore, the entity will provide written translation of vital documents.
- f. ☒ There are fewer than 5% and less than 1,000 persons in a language group. Our agency will provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.

5. Customer Service Population Data Analysis

Program Name(s): Immunization (Complete a separate table for each program or contract checked on the Funded Programs Checklist. If the eligible populations are the same for multiple programs identify programs on the line above.)

Category	Eligible Population Likely to be Encountered in Service Area		Eligible Population Served in Most Recent Calendar or Program Year			Difference
	Number	Percent (%)	Number	One Year %		
*TOTAL eligible Population in service area	101275	100%	18089	100%		N/A
White, not of Hispanic origin	94103		16946			N/A
African American or African origin	750	Combined #: 7172	105	Combined #: 1143	Combined #: 6.3	-.8%
American Indian or Alaska Native	367		8			
Asian	934		361			
Hispanic/Latino Regardless of age	3335		624			
Native Hawaiian or Other Pacific Islander	30		0			
More than 1 Race	1756		45			
Females	50859		10129			+5.8%
Persons with Disabilities	13088		na			

*The number in the first column (Total Eligible Population Likely to be Encountered in Service Area) should be used when completing the LEP customer service language access data table.

If difference is greater than a -2%, please state the reason(s) why your agency may not be providing service to potential eligible participants in the protected categories given above:

n/a

What can be tried to improve participation?

n/a

If denials for service (including IM negative decision, licensing activities) have been disproportionate within the last 24 months, please explain:

n/a

How many informal and formal discrimination complaints were filed within the last 24 months? Recipients must maintain a log that records at a minimum the date and name of complainants, the nature or type of complaints, the protected status of the complainant and a summary of the disposition of the complaint. A copy of the complaint log must be available for review if a desk audit is completed or at the time an on-site monitoring compliance review is conducted or upon request by the DCF, the DHS or DWD.

0

Please comment on the **nature** of the discrimination complaints filed
n/a

Instructions for Completing Customer Service Population Data Analysis

As stated in the Instructions, the purpose of the CSPA is to determine if you are serving eligible participants in the protected categories in the same proportion they are represented in the total eligible population.

Step 1:

- **"Eligible Population Likely to be Encountered"** means the total number of individuals in the service area who may meet the eligibility requirements of a recipient's program(s), whether or not they are currently being served.
- **"Percent of Eligible Participants in Each Protected Category Likely to be encountered"** is computed by dividing the number of each category (combined race/ethnicity, females, and persons with disability) likely to be encountered by the total number of eligible population likely to be encountered in the service area.

Step 2:

- **"Eligible Population Served"** means the number of participants who are enrolled or registered in a program or service administered by a recipient. For purposes of reporting, use the number of participants within a one-year calendar period.
- **"Percent of Eligible Participants in Each Protected Category Served"** is computed by dividing each category (e.g., combined race/ethnicity, females, and persons with disabilities) served by the total number of eligible population served in the service area.

Summary for Customer Service Data Analysis

- Geographic Service Area: Fond du Lac County
- Data Source(s): County Health Dept
- Date Period: From: **1/1/2008** To: **12/31/2008**

This Customer Service Data Analysis was prepared by:

Michael Marx
Name - Preparer


SIGNATURE - Preparer


Date Signed

6. Limited English Proficiency (LEP) Data Analysis

As stated in the Instructions, the purpose of the analysis is for your agency to plan for the translation of vital documents to meet the "safe harbor" federal guidelines. The analysis is also useful to determine which language groups are present in your service area, the degree to which members of these language groups are being served and the steps being taken to improve language access to services and programs. Your agency is required to provide oral language interpreters to all customers who consider themselves as LEP and who present themselves to your agency on a walk-in or telephone basis. This analysis is intended to assist your agency with determining the size of each LEP group, the languages spoken in the service area and the methods your agency will use to ensure full and meaningful access to all of your programs and services. Oral language and translation of vital information/documents must be provided at no cost to the customer.

LEP Customer Data Analysis for Translation of Vital Documents

- **"Number of Eligible Population Likely to be Encountered in Service Area"** means the total number of individuals in the service area who may meet the eligibility requirements of the recipient's program(s), whether or not they are currently being served. These include eligible LEP participants. This numbers should reflect the numbers entered into the Customer Service Population Analysis column "Eligible Population Likely to be Encountered in the Service area for each program being analyzed.
- **"Number of Eligible LEP Population Likely to be Encountered in Service Area"** mean the total number of LEP participants currently served or those who meet the eligibility requirements of the recipient's program, whether or not they are currently being served.
- **"Percentage of Eligible LEP Population Served or Likely to be Encountered in Service Area"** is computed by dividing the number of eligible LEP population served or likely to be encountered by the number of the total eligible population served or likely to be encountered.
- **"LEP population served in the service area"** This data, while not required to determine translation or interpretation needs is useful in analyzing services provided to LEP populations.

We assure that we have completed the analyses for the Immunization programs administered by FDL County Health agency.

Program Names: Immunization (Complete a separate table for each program or contract checked on the Funded Programs Checklist of the Plan.)

Note: From the CUSTOMER SERVICE POPULATION ANALYSIS data table (for this program): use the "total Eligible Population Likely to be Encountered in Service Area – number" here: Total Eligible Population Likely to be Encountered in Service Area (Number) (a) = 18089.

Eligible LEP Population Likely to be Encountered in Service Area (by Language)	Percent of Eligible LEP Likely to Be Encountered	LEP population Served in the Service Area	Written Translation of Vital Documents	Written Notice to Community of Oral Language Assistance and Translation of Vital Documents
Number (b)	Percent (c) $c = (b/a \times 100)$	Served (d)	Check Yes if eligible LEP pop. (column c) is 5% or column b is 1,000 or more	Check Yes if eligible LEP pop. is less than 5% or Less than 1,000
Spanish: 3335	3.3	624	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Hmong: 406	0.4	n/a	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Russian: na		na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
BSC(*) : 21	0.02	na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Somali: 12	.01	na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Other: 31	.03	na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

(*) BSC = Bosnian/Serbian/Croatian

Summary for LEP Customer Data Analysis

- Service Area: Fond du Lac County
- Data Source(s): Fond du Lac County Health Dept
- Date from Previous 12 Months: From: **1/1/2008** To: **12/31/2008**

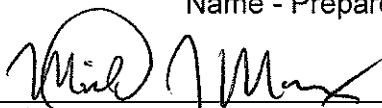
Please comment on the nature and resolution of LEP related discrimination complaints filed, both formal and informal:

n/a

This LEP Customer Data Analysis was prepared by:

Michael Marx

Name - Preparer



SIGNATURE - Preparer

2/26/10

Date Signed

Services to LEP Language Groups

Please check all that apply to your agency's service to the eligible language groups in your service area:

- a. ☒ Oral interpretation is provided upon request at no charge to the customer.
- b. ☐ We only hire qualified interpreters (certificate of completion from any recognized training providers, see definition on page 17).
- c. ☐ We routinely collect information regarding the LEP participant's preferred primary language to alert the agency of the need for a qualified interpreter. The language information per LEP patient is part of our database.

Written Translation:

- d. ☒ Our entity has identified and inventoried all vital documents for our programs or services and the inventory list is available for inspection.
- e. ☒ The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000; therefore, the entity will provide written translation of vital documents.
- f. ☒ There are fewer than 5% and less than 1,000 persons in a language group. Our agency will provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.

5. Customer Service Population Data Analysis

Program Name(s): Kinship Care (Complete a separate table for each program or contract checked on the Funded Programs Checklist. If the eligible populations are the same for multiple programs identify programs on the line above.)

Category	Eligible Population Likely to be Encountered in Service Area		Eligible Population Served in Most Recent Calendar or Program Year			Difference
	Number	Percent (%)		Number	One Year %	
*TOTAL eligible Population in service area	101275	100%		90	100%	N/A
White, not of Hispanic origin	94103			na		N/A
African American or African origin	750	Combined #: 7172	Combined #: 7.1		Combined #: 0	Combined #:
American Indian or Alaska Native	367					
Asian	934					
Hispanic/Latino Regardless of age	3335					
Native Hawaiian or Other Pacific Islander	30					
More than 1 Race	1756					
Females	50859			na		
Persons with Disabilities	13088			na		

*The number in the first column (Total Eligible Population Likely to be Encountered in Service Area) should be used when completing the LEP customer service language access data table.

If difference is greater than a -2%, please state the reason(s) why your agency may not be providing service to potential eligible participants in the protected categories given above:

Fond du Lac County did not track data by minority. Fond du Lac County will develop a tracking method.

What can be tried to improve participation?

If denials for service (including IM negative decision, licensing activities) have been disproportionate within the last 24 months, please explain:

n/a

How many informal and formal discrimination complaints were filed within the last 24 months? Recipients must maintain a log that records at a minimum the date and name of complainants, the nature or type of complaints, the protected status of the complainant and a summary of the disposition of the complaint. A copy of the complaint log must be available for review if a desk audit is completed or at the time an on-site monitoring compliance review is conducted or upon request by the DCF, the DHS or DWD.

0

Please comment on the **nature** of the discrimination complaints filed

n/a

Instructions for Completing Customer Service Population Data Analysis

As stated in the Instructions, the purpose of the CSPA is to determine if you are serving eligible participants in the protected categories in the same proportion they are represented in the total eligible population.

Step 1:

- **"Eligible Population Likely to be Encountered"** means the total number of individuals in the service area who may meet the eligibility requirements of a recipient's program(s), whether or not they are currently being served.
- **"Percent of Eligible Participants in Each Protected Category Likely to be encountered"** is computed by dividing the number of each category (combined race/ethnicity, females, and persons with disability) likely to be encountered by the total number of eligible population likely to be encountered in the service area.

Step 2:

- **"Eligible Population Served"** means the number of participants who are enrolled or registered in a program or service administered by a recipient. For purposes of reporting, use the number of participants within a one-year calendar period.
- **"Percent of Eligible Participants in Each Protected Category Served"** is computed by dividing each category (e.g., combined race/ethnicity, females, and persons with disabilities) served by the total number of eligible population served in the service area.

Summary for Customer Service Data Analysis

- Geographic Service Area: Fond du Lac County
- Data Source(s): FDL Dept of Social Services
- Date Period: From: **1/1/2008** To: **12/31/2008**

This Customer Service Data Analysis was prepared by:

Michael Marx

Name - Preparer


SIGNATURE - Preparer



Date Signed

6. Limited English Proficiency (LEP) Data Analysis

As stated in the Instructions, the purpose of the analysis is for your agency to plan for the translation of vital documents to meet the "safe harbor" federal guidelines. The analysis is also useful to determine which language groups are present in your service area, the degree to which members of these language groups are being served and the steps being taken to improve language access to services and programs. Your agency is required to provide oral language interpreters to all customers who consider themselves as LEP and who present themselves to your agency on a walk-in or telephone basis. This analysis is intended to assist your agency with determining the size of each LEP group, the languages spoken in the service area and the methods your agency will use to ensure full and meaningful access to all of your programs and services. Oral language and translation of vital information/documents must be provided at no cost to the customer.

LEP Customer Data Analysis for Translation of Vital Documents

- **"Number of Eligible Population Likely to be Encountered in Service Area"** means the total number of individuals in the service area who may meet the eligibility requirements of the recipient's program(s), whether or not they are currently being served. These include eligible LEP participants. This numbers should reflect the numbers entered into the Customer Service Population Analysis column "Eligible Population Likely to be Encountered in the Service area for each program being analyzed.
- **"Number of Eligible LEP Population Likely to be Encountered in Service Area"** mean the total number of LEP participants currently served or those who meet the eligibility requirements of the recipient's program, whether or not they are currently being served.
- **"Percentage of Eligible LEP Population Served or Likely to be Encountered in Service Area"** is computed by dividing the number of eligible LEP population served or likely to be encountered by the number of the total eligible population served or likely to be encountered.
- **"LEP population served in the service area"** This data, while not required to determine translation or interpretation needs is useful in analyzing services provided to LEP populations.

We assure that we have completed the analyses for the Kinship Care programs administered by DSS agency.

Program Names: Kinship Care (Complete a separate table for each program or contract checked on the Funded Programs Checklist of the Plan.)

Note: From the CUSTOMER SERVICE POPULATION ANALYSIS data table (for this program): use the "total Eligible Population Likely to be Encountered in Service Area – number" here: Total Eligible Population Likely to be Encountered in Service Area (Number) (a) = N/A.

Eligible LEP Population Likely to be Encountered in Service Area (by Language)	Percent of Eligible LEP Likely to Be Encountered	LEP population Served in the Service Area	Written Translation of Vital Documents	Written Notice to Community of Oral Language Assistance and Translation of Vital Documents
Number (b)	Percent (c) $c = (b/a \times 100)$	Served (d)	Check Yes if eligible LEP pop. (column c) is 5% or column b is 1,000 or more	Check Yes if eligible LEP pop. Is less than 5% or Less than 1,000
Spanish: 3335	3.3	n/a	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Hmong: 406	0.4	n/a	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Russian: na		na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
BSC(*) : 21	0.02	na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Somali: 12	.01	na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Other: 31	.03	na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

(*) BSC = Bosnian/Serbian/Croatian

Summary for LEP Customer Data Analysis

- Service Area: Fond du Lac County
- Data Source(s): Fond du Lac County DSS
- Date from Previous 12 Months: From: **1/1/2008** To: **12/31/2008**

Please comment on the nature and resolution of LEP related discrimination complaints filed, both formal and informal:

n/a

This LEP Customer Data Analysis was prepared by:

Michael Marx

Name - Preparer


SIGNATURE - Preparer


Date Signed

Services to LEP Language Groups

Please check all that apply to your agency's service to the eligible language groups in your service area:

- a. ☒ Oral interpretation is provided upon request at no charge to the customer.
- b. ☐ We only hire qualified interpreters (certificate of completion from any recognized training providers, see definition on page 17).
- c. ☐ We routinely collect information regarding the LEP participant's preferred primary language to alert the agency of the need for a qualified interpreter. The language information per LEP patient is part of our database.

Written Translation:

- d. ☒ Our entity has identified and inventoried all vital documents for our programs or services and the inventory list is available for inspection.
- e. ☒ The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000; therefore, the entity will provide written translation of vital documents.
- f. ☒ There are fewer than 5% and less than 1,000 persons in a language group. Our agency will provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.

5. Customer Service Population Data Analysis

Program Name(s): Long term Care - Medicare (Complete a separate table for each program or contract checked on the Funded Programs Checklist. If the eligible populations are the same for multiple programs identify programs on the line above.)

Category	Eligible Population Likely to be Encountered in Service Area		Eligible Population Served in Most Recent Calendar or Program Year			Difference
	Number	Percent (%)	Number	One Year %		
*TOTAL eligible Population in service area	101275	100%	134	100%		N/A
White, not of Hispanic origin	94103		129			N/A
African American or African origin	750	Combined #: <u>7172</u>	0	Combined #: <u>5</u>	Combined #: <u>3.7</u>	-3.4%
American Indian or Alaska Native	367		1			
Asian	934		2			
Hispanic/Latino Regardless of age	3335		2			
Native Hawaiian or Other Pacific Islander	30		0			
More than 1 Race	1756		1			
Females	50859		68			+0.7%
Persons with Disabilities	13088		134			

*The number in the first column (Total Eligible Population Likely to be Encountered in Service Area) should be used when completing the LEP customer service language access data table.

If difference is greater than a -2%, please state the reason(s) why your agency may not be providing service to potential eligible participants in the protected categories given above:

FDL County can not explain the slight variance in minorities for this program. This program is designed for individuals with disabilities.

What can be tried to improve participation?

If denials for service (including IM negative decision, licensing activities) have been disproportionate within the last 24 months, please explain:

n/a

How many informal and formal discrimination complaints were filed within the last 24 months? Recipients must maintain a log that records at a minimum the date and name of complainants, the nature or type of complaints, the protected status of the complainant and a summary of the disposition of the complaint. A copy of the complaint log must be available for review if a desk audit is completed or at the time an on-site monitoring compliance review is conducted or upon request by the DCF, the DHS or DWD.

0

Please comment on the **nature** of the discrimination complaints filed

n/a

Instructions for Completing Customer Service Population Data Analysis

As stated in the Instructions, the purpose of the CSPA is to determine if you are serving eligible participants in the protected categories in the same proportion they are represented in the total eligible population.

Step 1:

- **"Eligible Population Likely to be Encountered"** means the total number of individuals in the service area who may meet the eligibility requirements of a recipient's program(s), whether or not they are currently being served.
- **"Percent of Eligible Participants in Each Protected Category Likely to be encountered"** is computed by dividing the number of each category (combined race/ethnicity, females, and persons with disability) likely to be encountered by the total number of eligible population likely to be encountered in the service area.

Step 2:

- **"Eligible Population Served"** means the number of participants who are enrolled or registered in a program or service administered by a recipient. For purposes of reporting, use the number of participants within a one-year calendar period.
- **"Percent of Eligible Participants in Each Protected Category Served"** is computed by dividing each category (e.g., combined race/ethnicity, females, and persons with disabilities) served by the total number of eligible population served in the service area.

Summary for Customer Service Data Analysis

- Geographic Service Area: Fond du Lac County
- Data Source(s): Health Care Center
- Date Period: From: 1/1/2008 To: 12/31/2008

This Customer Service Data Analysis was prepared by:

Michael Marx

Name - Preparer


SIGNATURE - Preparer

2/26/10
Date Signed

6. Limited English Proficiency (LEP) Data Analysis

As stated in the Instructions, the purpose of the analysis is for your agency to plan for the translation of vital documents to meet the "safe harbor" federal guidelines. The analysis is also useful to determine which language groups are present in your service area, the degree to which members of these language groups are being served and the steps being taken to improve language access to services and programs. Your agency is required to provide oral language interpreters to all customers who consider themselves as LEP and who present themselves to your agency on a walk-in or telephone basis. This analysis is intended to assist your agency with determining the size of each LEP group, the languages spoken in the service area and the methods your agency will use to ensure full and meaningful access to all of your programs and services. Oral language and translation of vital information/documents must be provided at no cost to the customer.

LEP Customer Data Analysis for Translation of Vital Documents

- **"Number of Eligible Population Likely to be Encountered in Service Area"** means the total number of individuals in the service area who may meet the eligibility requirements of the recipient's program(s), whether or not they are currently being served. These include eligible LEP participants. This numbers should reflect the numbers entered into the Customer Service Population Analysis column "Eligible Population Likely to be Encountered in the Service area for each program being analyzed.
- **"Number of Eligible LEP Population Likely to be Encountered in Service Area"** mean the total number of LEP participants currently served or those who meet the eligibility requirements of the recipient's program, whether or not they are currently being served.
- **"Percentage of Eligible LEP Population Served or Likely to be Encountered in Service Area"** is computed by dividing the number of eligible LEP population served or likely to be encountered by the number of the total eligible population served or likely to be encountered.
- **"LEP population served in the service area"** This data, while not required to determine translation or interpretation needs is useful in analyzing services provided to LEP populations.

We assure that we have completed the analyses for the Long term Care-Medicare programs administered by Health Care Center agency.

Program Names: Long term care-medicare (Complete a separate table for each program or contract checked on the Funded Programs Checklist of the Plan.)

Note: From the CUSTOMER SERVICE POPULATION ANALYSIS data table (for this program): use the "total Eligible Population Likely to be Encountered in Service Area – number" here: Total Eligible Population Likely to be Encountered in Service Area (Number) (a) = N/A.

Eligible LEP Population Likely to be Encountered in Service Area (by Language)	Percent of Eligible LEP Likely to Be Encountered	LEP population Served in the Service Area	Written Translation of Vital Documents	Written Notice to Community of Oral Language Assistance and Translation of Vital Documents
Number (b)	Percent (c) $c = (b/a \times 100)$	Served (d)	Check Yes if eligible LEP pop. (column c) is 5% or column b is 1,000 or more	Check Yes if eligible LEP pop. Is less than 5% or Less than 1,000
Spanish: 3335	3.3	2	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Hmong: 406	0.4	n/a	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Russian: na		na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
BSC(*) : 21	0.02	na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Somali: 12	.01	na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Other: 31	.03	na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

(*) BSC = Bosnian/Serbian/Croatian

Summary for LEP Customer Data Analysis

- Service Area: Fond du Lac County
- Data Source(s): Fond du Lac County Health Care Center
- Date from Previous 12 Months: From: **1/1/2008** To: **12/31/2008**

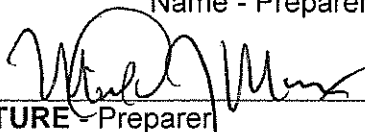
Please comment on the nature and resolution of LEP related discrimination complaints filed, both formal and informal:

n/a

This LEP Customer Data Analysis was prepared by:

Michael Marx

Name - Preparer



SIGNATURE - Preparer

2/26/10

Date Signed

Services to LEP Language Groups

Please check all that apply to your agency's service to the eligible language groups in your service area:

- a. ☒ Oral interpretation is provided upon request at no charge to the customer.
- b. ☐ We only hire qualified interpreters (certificate of completion from any recognized training providers, see definition on page 17).
- c. ☐ We routinely collect information regarding the LEP participant's preferred primary language to alert the agency of the need for a qualified interpreter. The language information per LEP patient is part of our database.

Written Translation:

- d. ☒ Our entity has identified and inventoried all vital documents for our programs or services and the inventory list is available for inspection.
- e. ☒ The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000; therefore, the entity will provide written translation of vital documents.
- f. ☒ There are fewer than 5% and less than 1,000 persons in a language group. Our agency will provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.

5. Customer Service Population Data Analysis

Program Name(s): Long Term Care (Complete a separate table for each program or contract checked on the Funded Programs Checklist. If the eligible populations are the same for multiple programs identify programs on the line above.)

Category	Eligible Population Likely to be Encountered in Service Area		Eligible Population Served in Most Recent Calendar or Program Year			Difference
	Number	Percent (%)	Number	One Year %		
*TOTAL eligible Population in service area	101275	100%	12	100%		N/A
White, not of Hispanic origin	94103		12			N/A
African American or African origin	750	Combined #: 7172	0	Combined #: 0	Combined #: 0	
American Indian or Alaska Native	367		0			
Asian	934		0			
Hispanic/Latino Regardless of age	3335		0			
Native Hawaiian or Other Pacific Islander	30		0			
More than 1 Race	1756		0			
Females	50859		7			
Persons with Disabilities	13088		12			

*The number in the first column (Total Eligible Population Likely to be Encountered in Service Area) should be used when completing the LEP customer service language access data table.

If difference is greater than a -2%, please state the reason(s) why your agency may not be providing service to potential eligible participants in the protected categories given above:

This program is designed to serve disabled and disabled elderly. FDL County can not explain the variance in minorities served other than the small numbers served in this program.

What can be tried to improve participation?

Provide more outreach.

If denials for service (including IM negative decision, licensing activities) have been disproportionate within the last 24 months, please explain:

n/a

How many informal and formal discrimination complaints were filed within the last 24 months? Recipients must maintain a log that records at a minimum the date and name of complainants, the nature or type of complaints, the protected status of the complainant and a summary of the disposition of the complaint. A copy of the complaint log must be available for review if a desk audit is completed or at the time an on-site monitoring compliance review is conducted or upon request by the DCF, the DHS or DWD.

0

Please comment on the **nature** of the discrimination complaints filed

n/a

Instructions for Completing Customer Service Population Data Analysis

As stated in the Instructions, the purpose of the CSPA is to determine if you are serving eligible participants in the protected categories in the same proportion they are represented in the total eligible population.

Step 1:

- **"Eligible Population Likely to be Encountered"** means the total number of individuals in the service area who may meet the eligibility requirements of a recipient's program(s), whether or not they are currently being served.
- **"Percent of Eligible Participants in Each Protected Category Likely to be encountered"** is computed by dividing the number of each category (combined race/ethnicity, females, and persons with disability) likely to be encountered by the total number of eligible population likely to be encountered in the service area.

Step 2:

- **"Eligible Population Served"** means the number of participants who are enrolled or registered in a program or service administered by a recipient. For purposes of reporting, use the number of participants within a one-year calendar period.
- **"Percent of Eligible Participants in Each Protected Category Served"** is computed by dividing each category (e.g., combined race/ethnicity, females, and persons with disabilities) served by the total number of eligible population served in the service area.

Summary for Customer Service Data Analysis

- Geographic Service Area: Fond du Lac County
- Data Source(s): FDL Dept of Social Services
- Date Period: From: **1/1/2008** To: **12/31/2008**

This Customer Service Data Analysis was prepared by:

Michael Marx
Name - Preparer


SIGNATURE - Preparer

2/26/10
Date Signed

6. Limited English Proficiency (LEP) Data Analysis

As stated in the Instructions, the purpose of the analysis is for your agency to plan for the translation of vital documents to meet the "safe harbor" federal guidelines. The analysis is also useful to determine which language groups are present in your service area, the degree to which members of these language groups are being served and the steps being taken to improve language access to services and programs. Your agency is required to provide oral language interpreters to all customers who consider themselves as LEP and who present themselves to your agency on a walk-in or telephone basis. This analysis is intended to assist your agency with determining the size of each LEP group, the languages spoken in the service area and the methods your agency will use to ensure full and meaningful access to all of your programs and services. Oral language and translation of vital information/documents must be provided at no cost to the customer.

LEP Customer Data Analysis for Translation of Vital Documents

- **"Number of Eligible Population Likely to be Encountered in Service Area"** means the total number of individuals in the service area who may meet the eligibility requirements of the recipient's program(s), whether or not they are currently being served. These include eligible LEP participants. This numbers should reflect the numbers entered into the Customer Service Population Analysis column "Eligible Population Likely to be Encountered in the Service area for each program being analyzed.
- **"Number of Eligible LEP Population Likely to be Encountered in Service Area"** mean the total number of LEP participants currently served or those who meet the eligibility requirements of the recipient's program, whether or not they are currently being served.
- **"Percentage of Eligible LEP Population Served or Likely to be Encountered in Service Area"** is computed by dividing the number of eligible LEP population served or likely to be encountered by the number of the total eligible population served or likely to be encountered.
- **"LEP population served in the service area"** This data, while not required to determine translation or interpretation needs is useful in analyzing services provided to LEP populations.

We assure that we have completed the analyses for the Long term Care programs administered by DSS agency.

Program Names: Long term Care (Complete a separate table for each program or contract checked on the Funded Programs Checklist of the Plan.)

Note: From the CUSTOMER SERVICE POPULATION ANALYSIS data table (for this program): use the "total Eligible Population Likely to be Encountered in Service Area – number" here: Total Eligible Population Likely to be Encountered in Service Area (Number) (a) = N/A.

Eligible LEP Population Likely to be Encountered in Service Area (by Language)	Percent of Eligible LEP Likely to Be Encountered	LEP population Served in the Service Area	Written Translation of Vital Documents	Written Notice to Community of Oral Language Assistance and Translation of Vital Documents
Number (b)	Percent (c) $c = (b/a \times 100)$	Served (d)	Check Yes if eligible LEP pop. (column c) is 5% or column b is 1,000 or more	Check Yes if eligible LEP pop. Is less than 5% or Less than 1,000
Spanish: 3335	3.3	n/a	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Hmong: 406	0.4	n/a	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Russian: na		na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
BSC(*) : 21	0.02	na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Somali: 12	.01	na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Other: 31	.03	na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

(*) BSC = Bosnian/Serbian/Croatian

Summary for LEP Customer Data Analysis

- Service Area: Fond du Lac County
- Data Source(s): Fond du Lac County DSS
- Date from Previous 12 Months: From: **1/1/2008** To: **12/31/2008**

Please comment on the nature and resolution of LEP related discrimination complaints filed, both formal and informal:

n/a

This LEP Customer Data Analysis was prepared by:

Michael Marx

Name - Preparer


SIGNATURE - Preparer

2/26/10
Date Signed

Services to LEP Language Groups

Please check all that apply to your agency's service to the eligible language groups in your service area:

- a. ☒ Oral interpretation is provided upon request at no charge to the customer.
- b. ☐ We only hire qualified interpreters (certificate of completion from any recognized training providers, see definition on page 17).
- c. ☐ We routinely collect information regarding the LEP participant's preferred primary language to alert the agency of the need for a qualified interpreter. The language information per LEP patient is part of our database.

Written Translation:

- d. ☒ Our entity has identified and inventoried all vital documents for our programs or services and the inventory list is available for inspection.
- e. ☒ The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000; therefore, the entity will provide written translation of vital documents.
- f. ☒ There are fewer than 5% and less than 1,000 persons in a language group. Our agency will provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.

5. Customer Service Population Data Analysis

Program Name(s): Maternal and Child Health (Complete a separate table for each program or contract checked on the Funded Programs Checklist. If the eligible populations are the same for multiple programs identify programs on the line above.)

Category	Eligible Population Likely to be Encountered in Service Area		Eligible Population Served in Most Recent Calendar or Program Year			Difference
	Number	Percent (%)	Number	One Year %		
*TOTAL eligible Population in service area	101275	100%	743	100%		N/A
White, not of Hispanic origin	94103		501			N/A
African American or African origin	750	Combined #: 7172	25	Combined #: 242	Combined #: 32.4	+25.3%
American Indian or Alaska Native	367		2			
Asian	934		28			
Hispanic/Latino Regardless of age	3335		186			
Native Hawaiian or Other Pacific Islander	30		1			
More than 1 Race	1756		0			
Females	50859		471			+12.9%
Persons with Disabilities	13088		na			

*The number in the first column (Total Eligible Population Likely to be Encountered in Service Area) should be used when completing the LEP customer service language access data table.

If difference is greater than a -2%, please state the reason(s) why your agency may not be providing service to potential eligible participants in the protected categories given above:

n/a

What can be tried to improve participation?

n/a

If denials for service (including IM negative decision, licensing activities) have been disproportionate within the last 24 months, please explain:

n/a

How many informal and formal discrimination complaints were filed within the last 24 months? Recipients must maintain a log that records at a minimum the date and name of complainants, the nature or type of complaints, the protected status of the complainant and a summary of the disposition of the complaint. A copy of the complaint log must be available for review if a desk audit is completed or at the time an on-site monitoring compliance review is conducted or upon request by the DCF, the DHS or DWD.

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Please comment on the **nature** of the discrimination complaints filed

n/a

Instructions for Completing Customer Service Population Data Analysis

As stated in the Instructions, the purpose of the CSPA is to determine if you are serving eligible participants in the protected categories in the same proportion they are represented in the total eligible population.

Step 1:

- **“Eligible Population Likely to be Encountered”** means the total number of individuals in the service area who may meet the eligibility requirements of a recipient's program(s), whether or not they are currently being served.
- **“Percent of Eligible Participants in Each Protected Category Likely to be encountered”** is computed by dividing the number of each category (combined race/ethnicity, females, and persons with disability) likely to be encountered by the total number of eligible population likely to be encountered in the service area.

Step 2:

- **“Eligible Population Served”** means the number of participants who are enrolled or registered in a program or service administered by a recipient. For purposes of reporting, use the number of participants within a one-year calendar period.
- **“Percent of Eligible Participants in Each Protected Category Served”** is computed by dividing each category (e.g., combined race/ethnicity, females, and persons with disabilities) served by the total number of eligible population served in the service area.

Summary for Customer Service Data Analysis


- Geographic Service Area: Fond du Lac County
- Data Source(s): County Health Dept
- Date Period: From: **1/1/2008** To: **12/31/2008**

This Customer Service Data Analysis was prepared by:

Michael Marx

Name - Preparer


SIGNATURE - Preparer


Date Signed

6. Limited English Proficiency (LEP) Data Analysis

As stated in the Instructions, the purpose of the analysis is for your agency to plan for the translation of vital documents to meet the "safe harbor" federal guidelines. The analysis is also useful to determine which language groups are present in your service area, the degree to which members of these language groups are being served and the steps being taken to improve language access to services and programs. Your agency is required to provide oral language interpreters to all customers who consider themselves as LEP and who present themselves to your agency on a walk-in or telephone basis. This analysis is intended to assist your agency with determining the size of each LEP group, the languages spoken in the service area and the methods your agency will use to ensure full and meaningful access to all of your programs and services. Oral language and translation of vital information/documents must be provided at no cost to the customer.

LEP Customer Data Analysis for Translation of Vital Documents

- **"Number of Eligible Population Likely to be Encountered in Service Area"** means the total number of individuals in the service area who may meet the eligibility requirements of the recipient's program(s), whether or not they are currently being served. These include eligible LEP participants. This numbers should reflect the numbers entered into the Customer Service Population Analysis column "Eligible Population Likely to be Encountered in the Service area for each program being analyzed.
- **"Number of Eligible LEP Population Likely to be Encountered in Service Area"** mean the total number of LEP participants currently served or those who meet the eligibility requirements of the recipient's program, whether or not they are currently being served.
- **"Percentage of Eligible LEP Population Served or Likely to be Encountered in Service Area"** is computed by dividing the number of eligible LEP population served or likely to be encountered by the number of the total eligible population served or likely to be encountered.
- **"LEP population served in the service area"** This data, while not required to determine translation or interpretation needs is useful in analyzing services provided to LEP populations.

We assure that we have completed the analyses for the Maternal and Child Health programs administered by FDL County Health agency.

Program Names: Maternal and Child Health (Complete a separate table for each program or contract checked on the Funded Programs Checklist of the Plan.)

Note: From the CUSTOMER SERVICE POPULATION ANALYSIS data table (for this program): use the "total Eligible Population Likely to be Encountered in Service Area – number" here: Total Eligible Population Likely to be Encountered in Service Area (Number) (a) = 743.

Eligible LEP Population Likely to be Encountered in Service Area (by Language)	Percent of Eligible LEP Likely to Be Encountered	LEP population Served in the Service Area	Written Translation of Vital Documents	Written Notice to Community of Oral Language Assistance and Translation of Vital Documents
Number (b)	Percent (c) $c = (b/a \times 100)$	Served (d)	Check Yes if eligible LEP pop. (column c) is 5% or column b is 1,000 or more	Check Yes if eligible LEP pop. Is less than 5% or Less than 1,000
Spanish: 3335	3.3	186	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Hmong: 406	0.4	n/a	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Russian: na		na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
BSC(*) : 21	0.02	na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Somali: 12	.01	na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Other: 31	.03	na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

(*) BSC = Bosnian/Serbian/Croatian

Summary for LEP Customer Data Analysis

- Service Area: Fond du Lac County
- Data Source(s): Fond du Lac County Health Dept
- Date from Previous 12 Months: From: 1/1/2008 To: 12/31/2008

Please comment on the nature and resolution of LEP related discrimination complaints filed, both formal and informal:

n/a

This LEP Customer Data Analysis was prepared by:

Michael Marx
Name - Preparer


SIGNATURE - Preparer

2/26/10
Date Signed

Services to LEP Language Groups

Please check all that apply to your agency's service to the eligible language groups in your service area:

- a. ☒ Oral interpretation is provided upon request at no charge to the customer.
- b. ☐ We only hire qualified interpreters (certificate of completion from any recognized training providers, see definition on page 17).
- c. ☐ We routinely collect information regarding the LEP participant's preferred primary language to alert the agency of the need for a qualified interpreter. The language information per LEP patient is part of our database.

Written Translation:

- d. ☒ Our entity has identified and inventoried all vital documents for our programs or services and the inventory list is available for inspection.
- e. ☒ The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000; therefore, the entity will provide written translation of vital documents.
- f. ☒ There are fewer than 5% and less than 1,000 persons in a language group. Our agency will provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.